



#201 Synergy Wellness Centre  
 501 Bethel Drive  
 Sherwood Park, Alberta T8H 0N2  
 Tel: 780-800-6906  
 Fax: 780-800-6907

## Cardiac Requisition

**Client Demographics:**

Last Name:	First Name:	DOB (D/M/YR)	Age:
Address:	City:	Prov:	PHN: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Postal Code:	Home Phone:		Work Phone:

**Referring Physician:**

Name:	PRACID #	Family Physician's Name:
Phone:	Signature:	
Fax:		

**Consultation Request:**

<input type="checkbox"/> Dr. Khadour	<input type="checkbox"/> Dr. Taher	<input type="checkbox"/> First Available
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**Please attach a HISTORY and list of CURRENT MEDICATIONS**

Reason for Referral	Risk Factors	Medications
<input type="checkbox"/> Exercise Stress Test	<input type="checkbox"/> Hypertension	
<input type="checkbox"/> ECG	<input type="checkbox"/> Diabetes Mellitus	
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Dyslipidemia	
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Smoker	
<input type="checkbox"/> Syncope	<input type="checkbox"/> Exsmoker	
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Family History	
	<input type="checkbox"/> Previous Heart Attack	

**Please provide copy of previous tests (ECG, Echo, Stress Test, MIBI, Angiogram, Angioplasty or Cardiac Surgery)**