HLC HEART & LUNG CLINIC
RAPID CHEST PAIN AND INTERNAL MEDICINE

DR. KHOA BINH NGUYEN, MD, FRCPC

☐ **FERGUS:** Trailside Medical Building
6420 Beatty Line N., Unit 205 Fergus,
ON N1M 2W3
Ph: **226-383-6000** • Fx: **519-787-1587**

☐ **GUELPH:** Scottsdale Medical Centre
649 Scottsdale Drive; Unit 303
Guelph, ON N1G 4T7
Ph: **519-821-0006** • Fx: **519-822-9565**

PATIENT INFORMATION:

Last Name: First Name:
DOB: (mm/dd/yyyy)
Health Card Number: VC:
Address:
Street:
City: *Prov.* *Postal Code*
Phone:
Email:
Gender: ❒ Female ❒ Male ❒ _____
Height:_____ Weight:_____

REFERRING PHYSICIAN:

Name:
Address:
Street:
City: *Prov.* *Postal Code*
Phone:
Fax:
Additional copies.

Level of Urgency: ❒ **Same Day** ❒ **1-5 Days** ❒ **1-2 Weeks** ❒ **Elective**

CONSULTATION:

❒ **Internal Medicine** ❒ **Cardiology** ❒ **Respirology**

DIAGNOSTICS:

❒ **ECHOCARDIOGRAPHY**
- ❒ **Transthoracic Echocardiogram**
- ❒ **Agitated Saline / Bubble Study**
- ❒ **Contrast**

❒ **STRESS TESTING**
- ❒ **Treadmill Stress Test**
- ❒ **Exercise Stress Echocardiogram**

❒ **HOLTER**
- ❒ **24 Hours**
- ❒ **48 Hours**
- ❒ **72 Hours**
- ❒ **14 Days**
- ❒ **28 Days**

❒ **SPIROMETRY**

CLINICAL INFORMATION:

❒ **Chest pain** ❒ **Dyspnea** ❒ **Palpitations** ❒ **Syncope** ❒ **Murmur** ❒ **Hypertension** ❒ **Cough**
Patient has a Pacemaker/Defibrillator ❒ **Yes** ❒ **No**

Physician's Signature:_____ Billing #_____ Date: _____

FEB 2024