



UNIVERSITY OF OTTAWA  
**HEART INSTITUTE**  
 INSTITUT DE CARDIOLOGIE  
 DE L'UNIVERSITÉ D'OTTAWA

**CARDIAC TELEHEALTH**  
**TELESANTE CARDIAQUE**  
 F / T 613.761.4158

**TELEHEALTH REFERRAL FORM**

Please complete either section 1 (S1) or section 2 (S2), and section 3 (S3)

<b>S1</b>	<b>Patient name:</b>		Unique #:		D.O.B.:		
	<b>Physician or HCP:</b>		<b>Site (Location of patient):</b>				
	<b>Type of appointment :</b>	Consult <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Pre-admission <input type="checkbox"/>	Rehab intake <input type="checkbox"/>	Other:	
	<b>Date requested::</b>	Date :		Time:		Duration:	
	<b>** Option 2:</b>	Date :		Time:		Duration:	
	<b>** Option 3:</b>	Date:		Time:		Duration:	
	<b>Tests to be done prior to visit:</b>		ECG <input type="checkbox"/>	CXR <input type="checkbox"/>	BW <input type="checkbox"/>	Other:	

<b>S2</b>	<b>✘ If patient is <i>not</i> in OASIS, please provide the following additional information :</b>					
	<b>Health number :</b>			<b>Referring physician:</b>		
	<b>Patient address:</b>		Street address:		City:	
	Province:	Postal Code:	Phone #:		2 <sup>nd</sup> phone #:	

<b>S3</b>	<b>Comments and/or additional information or instructions:</b>	
	<ul style="list-style-type: none"> <li>✓ Please fax this <b>Telehealth</b> referral form when completed to Cardiac Telehealth at 613-761-4158, or send by e-mail to <a href="mailto:cardiac_telehealth@ottawaheart.ca">cardiac_telehealth@ottawaheart.ca</a>.</li> <li>✓ If patient needs any <b>exams other than Chest x-ray or ECG</b>, please fax <b>requisitions</b> along with referral form.</li> <li>✓ If date(s) not available, you will be contacted to reschedule. * Please note that some remote or northern communities take longer to confirm the booking. <b>You will be contacted by phone or e-mail once the date is confirmed.</b></li> <li>✓ If you have any questions, please contact us at <b>1-4520</b> or by e-mail at <a href="mailto:cardiac_telehealth@ottawaheart.ca">cardiac_telehealth@ottawaheart.ca</a>.</li> </ul>	
	<b>Referring physician or clinician :</b>	<b>Date:</b>
	<b>Contact for booking</b> (i.e. clerk, administrative assistant, secretary) :	<b>Ext. :</b>