



Paediatric Cardiology Clinic
800 Commissioners Road East
London, Ontario N6A 5W9
Phone: 519-685-8237 Ext. 1
Fax: 519-685-8584

Request for Consultation for Paediatric Cardiology

Please *print clearly* and provide us with the following Information:

Referring Doctor: _____
(Last) (First)

Fax & Phone Number: _____

Reason for Referral: (Please circle one and then fill out the appropriate referral form)

Family History _____
Chest Pain _____
Syncope _____
Palpitations _____
Murmur _____

Patient Demographics

Full Name(s) _____
(Last) (First) (Middle)

Date of Birth _____ Gender: _____
(Y/M/D)

Ontario Health Card Number _____ Version Code _____

Please Check off if there is no Health card (self pay)

Please list Alternate Health Coverage (Include type and expiry date)

Address: _____
(Unit/PO Box #) (Street # and Name) (City) (Postal Code)

Name of Caregiver/Guardian(s): _____

Phone Number: _____ Alternate Number: _____