London Health Sciences Centre

Referral to:

LHSC ARRHYTHMIA SERVICE
INHERITED HEART RHYTHM CLINIC
339 Windermere Road, London ON N6A 5A5
Telephone: 519-663-3746 / **Fax:** 519-663-3782

NAME:	
ADDRESS:	
CITY:	TELEPHONE:
D.O.B.: (YYYY/MM/DD)	HEALTH CARD NUMBER:

REFERRING CLINICIAN:

NAME:	
ADDRESS:	
TELEPHONE:	FAX:

POINT OF REFERRAL:

☐ Emergency ☐ Physician's Office ☐ Outpatient Clinic ☐ Inpatient Unit
☐ Other (specify): ☐ Unknown

REFERRAL CONDITION:

☐ Long QT Syndrome ☐ Arrhythmogenic Right Ventricular Cardiomyopathy
☐ Brugada Syndrome ☐ Catecholaminergic Polymorphic Ventricular Tachycardia
☐ Familial Sudden Death ☐ Other:

TESTS PERFORMED:

☐ ECG ☐ Signal Averaged ECG ☐ Stress Test
☐ Echocardiogram ☐ Cardiac MRI ☐ Holter Monitor
☐ Genetic Testing ☐ Other:

OTHER PERTINENT INFORMATION:

_____ _____ _____
REFERRING PHYSICIAN PHYSICIAN SIGNATURE DATE (YYYY/MM/DD)

PLEASE FAX ALL PERTINENT DISCHARGE SUMMARIES, BLOOD WORK, CARDIAC INVESTIGATIONS (ECG, STRESS TEST, ECHO, ETC,), ALONG WITH COMPLETED REFERRAL FORM

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:
www.lhsc.on.ca/Patients_Families_Visitors/Cardiac/Inherited_Heart/index.htm