



**FAX REFERRAL TO
604-736-6442**
or submit generic EMR referral

PATIENT INFO

NAME

PHONE (H)

DOB

GENDER

PHONE (M)

PHN

EMAIL

REFERRING MD

NAME / MSP

FAX

SIGNATURE

DATE

REASON FOR REFERRAL

COPY REPORTS TO

CARDIOLOGY CONSULTATION

☐ DR. ELI ROSENBERG (MSP 66533)

All patients will undergo prompt investigations to facilitate triage.

Please include all available info, including: ☐ PMHx, Meds, Allergies, SHx, and FHx.

☐ Relevant consult letters.

☐ Relevant investigation reports.

PULSE FIT RX CARDIAC REHABILITATION

CARDIOLOGIST | EXERCISE PHYSIOLOGIST | REGISTERED DIETITIAN

☐ CARDIAC REHAB – Primary Prevention *

☐ CARDIAC REHAB – Secondary Prevention *

**Monthly fee is "pay-want-you-want". No contracts or commitments.*

DIAGNOSTICS

☐ ECG

☐ 24-HOUR HOLTER + ECG

← Daily Sx's

☐ PATCH HOLTER: 5-DAY + ECG

← Less frequent Sx's

☐ PATCH HOLTER: 10-DAY + ECG

← Rare Sx's or ?AFib

☐ PATCH HOLTER: 30-DAY (10-Day x3) + ECG

← post-CVA/TIA (?AFib)

☐ 24-HOUR AMBULATORY BP (\$75)

☐ EXERCISE STRESS TEST (TREADMILL)

Exercise stress testing requires advance booking

Same-day tests
usually available.
Have patient
phone to ensure
availability.
P: 604-736-6441
7:30am-3:30pm

TRIAGE

☐ NEXT AVAILABLE

☐ SEMI-URGENT

New CCS II angina (typical)

Symptoms with severe ↓QOL

Progressive atypical CP

Frequent syncope with prodrome

Pre-op semi-urgent surgery

?Pericarditis (mild Sx's)

AFib unable to control rate

Severe valve disease + symptoms

Severe valve disease + ↓LVEF

Other (similar urgency)

☐ URGENT

New CCS III or IV angina

Severe ongoing symptoms

Progressive typical angina

Syncope without prodrome

Pre-op urgent surgery

?Pericarditis (> mild Sx's)

Other (similar urgency)