



# London Health Sciences Centre

Referral to:

## LHSC ARRHYTHMIA SERVICE

339 Windermere Road, London ON N6A 5A5

Telephone: 519-663-3746 / Fax: 519-663-3782

DATE OF REFERRAL: (YYYY/MM/DD)			
PATIENT NAME:		<input type="checkbox"/> IN PATIENT <input type="checkbox"/> OUT PATIENT	
ADDRESS:		TELEPHONE: Home:	
CITY:	POSTAL CODE:	Work:	
		Cell:	
D.O.B.: (YYYY/MM/DD)	HEALTH CARD NUMBER:		Version Code:
<b>REFERRING PHYSICIAN:</b>			
NAME:		BILLING NUMBER:	
ADDRESS:			
TELEPHONE:		FAX:	
<b>DIAGNOSIS / REASON FOR REFERRAL:</b>			
<b>REQUESTED SERVICE:    ***PLEASE INCLUDE ANY EXISTING RHYTHM STRIPS***</b>			
<input type="checkbox"/> Consultation	<input type="checkbox"/> Cardioversion		
<input type="checkbox"/> Pacemaker (Please complete Pacemaker referral form)	<input type="checkbox"/> Tilt Table Test		
<input type="checkbox"/> ICD (Please complete ICD referral form)	<input type="checkbox"/> Other:		
<input type="checkbox"/> Lead Extraction (Please complete Lead Extraction referral form)			
<b>CURRENT MEDICATIONS:</b>			
<b>OTHER PERTINENT INFORMATION:</b>			
<p><b>PLEASE INCLUDE ANY EXISTING RHYTHM STRIPS, CARDIAC INVESTIGATIONS (ECG, STRESS TEST, ECHO, ETC.), CLINICAL NOTES, DISCHARGE SUMMARIES, ALONG WITH COMPLETED REFERRAL FORM</b></p> <p><b>FAX TO: 519-663-3782</b></p>			

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:

[www.londoncardiac.ca](http://www.londoncardiac.ca)