



PARTNERS IN ADVANCED CARDIAC EVALUATION

To Book an Appointment

Tel: 1-888-662-0680
Fax: 1-855-239-1623
info@pace-cardiology.com
www.pace-cardiology.com

Don't have a family doctor or nurse practitioner, but are concerned about your cardiovascular health?

We can help! Fill out the following form if you do not have a doctor. Once you are done, **click the submit button prompting your email client** and we will connect you with a family or urgent care physician who will assess your cardiac symptoms to see if you need to be referred to a PACE cardiologist.

PATIENT INFORMATION

First Name: _____ Last Name: _____
 M F Other Date of Birth (M/D/Y): _____
Home Phone: _____ Health Card # _____
Mobile Phone: _____ Vrs.Code _____
Email: _____

WHAT ARE THE MAIN CARDIAC SYMPTOMS YOU ARE EXPERIENCING?

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING?

Patient consents to electronic communication of personal health information using email address and/or phone number provided, as explained at www.pace-cardiology.com/privacy

SUBMIT FORM

CLINICAL INFORMATION (FOR OFFICE USE ONLY)

Referring MD : _____
MD Signature: _____
MD Billing# : _____
Date : _____

Requests for consultations should include the reason for referral, medication list and any previous ECGs, chest x-rays, blood work and cardiac assessment.