Cardiac Diagnostic Clinic

Dr. Masoud Goodarzi, FRCPC
6055 Main Street
Niagara Falls, ON L2G 6A1
Phone: (289) 296-6880
Fax: (289) 296-8876
www.cardiacdiagnosticclinic.com

PATIENT INFORMATION *Please complete all of this section*

Name_____D.O.B_____Phone (____) _____

Address_____City_____Postal Code_____

Health Card_____ Version Code_____ Gender_____

Referring Physician _____Billing Number_____

Reason(s) for Referral:

Abnormal ECG _____
Atrial Fib/Atrial Flutter _____
Chest Pain/ Discomfort _____
Palpitations _____
SOB _____
Heart Murmur _____
Routine Screening _____
Family history of ASHD _____
Syncope _____
CAD _____
Hypertension _____
Post PCI (Date_____) _____
Pre-Op (Sx Date_____) _____
Other_____

Existing Conditions

Diabetes _____
Asthma _____
Hyperlipidemia _____
Ischemic Heart disease _____
Previous MI_____ _____
Pervious PCI_____ _____
Previous CABG_____ _____
Smoker _____
Pre-op (Sx date_____) _____
Obese _____
weight_____
Arrhythmia _____

Current Medications: _____

☐ 1. **CONSULT** with Dr. Goodarzi . *If appointment is urgent referring physician to call directly*
Send (fax or mail) all pertinent Rx, reports, tests and lab results prior to appointment.

☐ 2. **ECHOCARDIOGRAPH with Contrast if needed** ☐ **ECG** ☐ **TEE**

☐ 3. a) **EXERCISE CARDIAC STRESS –** walking on a treadmill
b) **STRESS ECHOCARDIOGRAPHY**
c) **DOBUTAMINE STRESS ECHO** – for patients unable to exercise, IV meds simulate exercise
d) **PERSANTINE STRESS TEST** – done at the GNGH
e) **MYOVIEW STRESS TEST** – done at the GNGH

☐ 4. **HOLTER MONITORING** ☐ **48 Hours** ☐ **72 Hours** ☐ **14 days**

☐ 5. **AMBULATORY BLOOD PRESSURE MONITOR** *Not an OHIP benefit – charges apply*

☐ 6. **SPIROMERTY**

☐ 7. **METACHOLINE CHALLENGE** *Done at the GNGH*