



Heart and Health Clinic
Specialist & Cardiac Diagnostic Centre
T: 289-760-9550
F: 905-296-3858
E: info@heartandhealthclinic.ca
W: www.heartandhealthclinic.ca

Our Clinic Locations

- ☐ **Stoney Creek** 70 King St E, Lower Level
Stoney Creek, ON L8G 1K2
- ☐ **Welland** 3 Cross St, Unit 301
Welland, ON L3B 5X6

GASTROENTEROLOGY REFERRAL FORM | DR. ALI ALHARETHI

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

Patient Telephone

Patient Address

DOB (MM/DD/YY)

REASON FOR REFERRAL - UPPER GI SYMPTOMS

- ☐ Decreased Appetite
- ☐ GERD for 10+ Years
- ☐ Non-Cardiac Chest Pain
- ☐ Dysphagia
- ☐ GERD Refrac
- ☐ phagia
- ☐ Early Satiety
- ☐ Hematemisi
- ☐ ent Vomiting
- ☐ Epigastric Pain
- ☐ Melena

PREVIOUS INVESTIGATIONS (ATTACH RELEVANT DETAILS)

- ☐ Previous Gastro Consult
- ☐ Previous Upper Endoscopy
- ☐ Previous Lower Endoscopy
- ☐ X-Rays, CT, MRI, Labwork
- ☐ Other:

REASON FOR REFERRAL - LOWER GI SYMPTOMS

- ☐ Acute Diarrhea 2+ Weeks
- ☐ IBS Symptoms, No Alarm Features
- ☐ Iron Deficiency Anemia
- ☐ Change in Bowel Habits
- ☐ Rectal Bleeding (Attach DRE Results)
- ☐ Positive FOBT / FIT
- ☐ Chronic Constipation
- ☐ Weight Loss
- ☐ Positive TTG
- ☐ Chronic Diarrhea 1+ Month
- ☐ Drop in Hemoglobin
- ☐ Abnormal Diagnostic Imaging

CLINICAL CONSULTATION

- ☐ Urgent
- ☐ Semi-Urgent
- ☐ Non-Urgent

PATIENT HISTORY & CLINICAL INFORMATION

MEDICATIONS & ALLERGIES

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

Office Address

Contact Phone

Contact Fax

Billing Number

Copy To

Referring Physician Signature



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RHEUMATOLOGY REFERRAL FORM | DR. IKWINDER KAUR

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

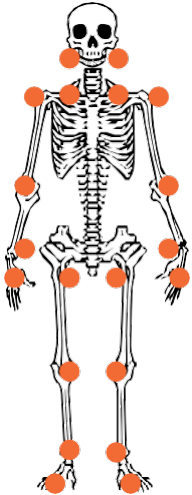
Patient Telephone

Patient Address

DOB (MM/DD/YY)

SYMPTOMS & REASON FOR REFERRAL

Affected Joints & Body Regions:



Symptoms Onset:

- ☐ Less than Six Weeks
☐ Six Weeks to Six Months
☐ Greater than Six Months

Evidence of Joint Swelling:

- ☐ No
☐ Suspected
☐ Yes

Symptoms Description:

Reason(s) for Referral:

PREVIOUS INVESTIGATIONS (ATTACH RELEVANT DETAILS)

- ☐ Previous Specialist Consult
☐ X-Rays, CT, MRI, etc.
☐ Recent Labwork
☐ Other:

CLINICAL CONSULTATION

- ☐ Urgent
☐ Semi-Urgent
☐ Non-Urgent

PATIENT HISTORY & CLINICAL INFORMATION

MEDICATIONS & ALLERGIES

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

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Patient Information Sheet



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Place sticker here

Heart and Health Clinic locations:

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70 King St E, Lower Level, Stoney Creek, ON L8G 1K2	3 Cross St, Unit 301 Welland, ON L3B 5X6		
<ul style="list-style-type: none">• Cardiology• Internal Medicine	<ul style="list-style-type: none">• Gastroenterology• Rheumatology		
Tel: (289) 760-9550 www.scmc.ca Fax: (905) 296-3858 info@scmc.ca			
			

Your doctor has made an outpatient referral for you to the independent HEART AND HEALTH Clinic. They provide a variety of services at their 4 locations, including (see above for each location service details):

- Cardiology and Internal Medicine
- Rheumatology
- Gastroenterology

Their office will contact you for the appointment. We recommend that you call the office in 1-2 business days if you do not hear from them.

If, before your appointment, you think you are getting worse, please return to the Emergency Department for reassessment. Make sure you have discussed this and any other questions you have with the ER doctor or Nurse before you leave the ED. Your family



doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise getting one. You can find help at www.niagaradocs.ca or by calling Healthcare Connect Ontario at 1-800-445- 1822. You can also call 211 during business hours for information from the Niagara Region about support, including getting a family doctor.

PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM