C-era (a division of C-health)
Suite 210, 1016 - 68 Avenue SW
Calgary, AB T2V 4J2
PH: (403) 541-0033
FAX: (403) 541-0032
www.c-health.ca

C-ERA - A CENTRE OF EXCELLENCE COMMITTED TO SPECIALTY-BASED CARDIOMETABOLIC CARE

Date of Referral: _____

PATIENT INFORMATION (or attach patient label)

Patient Name: _____
Address: _____ ☐Male ☐Female
City, Prov: _____ Postal Code: _____
ULI: _____ DOB: _____
Primary Phone : _____
Alternate Phone: _____

To book an appointment:
Call: (403) 541-0033 ext. 3 Fax: (403) 541-0032

REASON FOR REFERRAL:

CARDIOMETABOLIC ASSESSMENT

☐ RISK ASSESSMENT ☐ SYNCOPE
☐ CHEST PAIN ☐ ABNORMAL ECG
☐ SHORTNESS OF BREATH ☐ ATRIAL FIBRILLATION
☐ OTHER _____

DIRECT TO TREADMILL – DTT

☐ Please consider this patient for DTT*
***include recent ECG**

DIRECT TO MIBI / NUCLEAR – DTN

☐ Please consider this patient for DTN*
***include recent ECG**

Please include all relevant diagnostic testing with referral.

☐ EKG
☐ Labs (Lipid panel, GLUF)
☐ Previous Cardiac Investigations

Referring Physician: _____
Ph: _____ Fax: _____
Practice ID: _____
Clinic Location: _____
Additional Report to: _____
Ph: _____ Fax: _____
Clinic Location: _____

Relevant History:

Referring Physician
Signature: _____

☐ URGENT ☐ FIRST AVAILABLE ☐ROUTINE

Updated August 2016