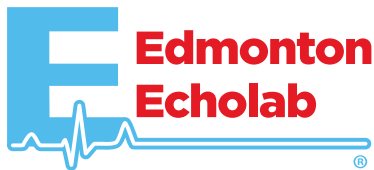


Patient Name \_\_\_\_\_ ULI \_\_\_\_\_

Gender M/F/Other \_\_\_\_\_ DOB \_\_\_\_\_ Tel \_\_\_\_\_

Weight \_\_\_\_\_ kg/lb Height \_\_\_\_\_ cm/in BMI \_\_\_\_\_ kg/m<sup>2</sup>



Glenwood Health Centre, Unit #202, 16028-100A Avenue,  
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ECG  Holter  24hr / 72hr / 1 week (Circle one)

Ambulatory BP monitor

Exercise stress test

- Chest Pain Assessment (Pretest Probability \_\_\_\_\_%)
- Functional Assessment
- Arrhythmia assessment

Echocardiogram  (Check all that apply)

- Book cardiology consult if high-risk pathology identified**
- Left/Right Ventricular Function
- Valve Insufficiency
- Valve Stenosis
- Previous Valve Repair/Replacement
- Patient has Pacemaker/Defibrillator

Exercise Stress Echo (Treadmill)

Contrast Echo

- LVEF, Wall motion
- Rule out Clot

Cardiology Consultation

- Priority  **Urgent (1-2weeks)**  Routine (4weeks)
- Preoperative Risk Assessment
- Heart Function Clinic
- Arrhythmia Clinic
- Advanced Arrhythmia Consultation/Advise
- Consideration for Pacemaker/Defibrillator
- Consideration for Ablation

Smoke Cessation Clinic

Weight Management Clinic  (BMI \_\_\_\_\_ kg/m<sup>2</sup>)



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Sleep Apnea Testing/Treatment (Level 3 Sleep Study)(HSAT),  
Assessment, Auto CPAP Trial and Treatment



Spirometry

Physiotherapy

- WCB
- MVA
- Orthotics
- Shockwave Therapy
- Plantar Fasciitis
- Back School Education Program
- Back Pain assessment and management
- Arthritis program
- TMJ Rehab
- Chronic Pain assessment and management
- Sports Injury
- Dizziness Assessment and treatment
- Functional Capacity Assessment

Kinesiology/Personal Training

- Aerobics/Endurance
- Core Strengthening
- Balance/ Coordination
- Flexibility
- Functional Mobility

Dietitian

- Diabetic Diet
- Healthy Eating
- Gluten Free Diet
- Gut Health
- SIBO assessment
- Other \_\_\_\_\_

Psychology Health Consultation

Cardiac Rehabilitation

Erectile Dysfunction Consultation and treatment

Bioidentical Hormonal Replacement Therapy Consultation

IV iron

### Notes/Medication list

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### Referring MD/Provider

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additional copies to

\_\_\_\_\_

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