THE UNIVERSITY OF BRITISH COLUMBIA
SportsCardiologyBC

Referral Form

SportsCardiologyBC
2211 Wesbrook Mall
Vancouver, BC

Phone: (604)-822-1747
Fax: (604)-822-7625

Patient Demographics

Patient Name: _____ DOB (mm/dd/yyyy): _____ / _____ /_____

PHN: _____ Sex: ☐ M ☐ F ☐ Other

Home Phone Number: (_____) _____ - _____ Cell Phone Number: (_____) _____ - _____

Reason for Cardiovascular Evaluation

_____

_____

_____

_____

_____

Test Results (please attach if available)

☐ ECG	☐ Blood Work	☐ CT	☐ CATH
☐ Holter	☐ ECHO	☐ CACS	☐ PET
☐ ETT	☐ CMRI	☐ MIBI	

Referring MD

Name of referring MD: _____ MSP: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____