



Making Niagara Heart Healthy Since 1977

4635B Queen Street, Niagara Falls, ON L2E 2L7  
 Tel: 905-358-5552 Fax: 905-358-6033  
 Email: info@heartniagara.com Web: heartniagara.com



**Healthy Daily Living**  
*Patient must purchase services*

After their vascular risk scoring assessment, Heart Niagara offers patients a 12 week structured risk reduction service.

- Physical Activity Counselling
- Nutritional Counselling
- Smoke Cessation support
- Risk reviewed at the end of the program

**HeartCORE**  
*Patient must purchase services*

After an initial health assessment, patients are offered a supervised health and fitness program which includes services such as:

- Supervised Physical Activity Classes/Group Training
- One on one Strength Training Sessions
- Physical Activity Counselling
- Biweekly Healthy Living Workshops

YOUR PATIENT HAS BEEN BOOKED

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Patient Information**

Please print required information

**Clinical Services Referral**

Please check service required

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Gender

M  F

Date of birth: \_\_\_\_\_

D D M M Y Y Y Y

OHIP Number

Version Code

Address: \_\_\_\_\_

Phone: Home

Cell

Work

Referring Physician (Signature)

URGENT 10-24 Hour

Family Physician

**Stress Test**

**Echo**

**Holter Monitor**  24 hr  48 hr  72 hr  
 2 wk  4wk

**Loop Recorder**  2 wk  4wk

**24 Hour Ambulatory BP Monitor**  
*Patient must pay \$50.00*

**Internal Medicine Consult**

**Reason(s) for referral:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Palpitations     | <input type="checkbox"/> Post MI            | <input type="checkbox"/> Dizziness           |
| <input type="checkbox"/> Syncope/Fainting | <input type="checkbox"/> Angina             | <input type="checkbox"/> Lightheadedness     |
| <input type="checkbox"/> Chest Pain       | <input type="checkbox"/> Arrhythmias        | <input type="checkbox"/> Extreme Tremors     |
| <input type="checkbox"/> Bradycardia      | <input type="checkbox"/> Pacemaker          | <input type="checkbox"/> Atrial Fib          |
| <input type="checkbox"/> TIA/CVA          | <input type="checkbox"/> Cardiac Arrhythmia | <input type="checkbox"/> Unexplained Fatigue |
| <input type="checkbox"/> Other            |   |  |

**Quit Smoking Clinic**

Please fill in the following information and fax it to Heart Niagara at 905-358-6033.