



DRAFT #3 (February 25th, 2004)

University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

REFERRAL FORM FOR CARDIOLOGY CONSULTS

REFERRAL INFORMATION:

Referred by: _____ (Please Print) Billing #: _____

Contact Numbers: Phone: _____ Fax: _____

Preference for Referral: TGH General Cardiology TWH Cardiology
Either Site, First Available.

PATIENT INFORMATION:

If UHN Referral:

PATIENT'S NAME: _____ UHN MRN# _____
(Please Print)

If NOT UHN Referral:

PATIENT'S NAME: _____ Date of Birth: _____

Address: _____

Contact Numbers: Home: _____ Other: _____

OHIP #: _____

Clinical Information Relevant to the Request for Consultation:

Current Medications:

**PLEASE FAX RECENT TEST RESULTS RELEVANT TO THE
CONSULTATION WITH THE COMPLETED REFERRAL FORM, IF DONE
OUTSIDE OF UHN**

FAX#: 416-340-4127

PHONE: 1-888-UHN-HART (1-888-846-4278)

