

**C-ERA CARDIOMETABOLIC EVALUATION & RISK ASSESSMENT REFERRAL FORM**

**PATIENT INFORMATION** (attach patient label)

Patient Name: \_\_\_\_\_  M  F  
 ULI: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City, Province: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_  
 Practice ID: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**REASON FOR REFERRAL**

**Cardiometabolic Assessment**

Risk Assessment       Syncope  
 Chest Pain             Abnormal ECG  
 Shortness of Breath    Atrial Fibrillation  
 Other: \_\_\_\_\_

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**Direct to Treadmill (DTT) via C-diagnostics**

Please consider this patient for DTT\*  
 \* **MUST include recent ECG**  
*See C-diagnostics requisition for additional tests available*

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**Direct to MIBI/Nuclear (DTN) via C-diagnostics**

Please consider this patient for DTN\*  
 \* **MUST include recent ECG**  
*See C-diagnostics requisition for additional tests available*

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**Consultation Request**

Cardiology  
 Internal Medicine

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**Please include all relevant diagnostic testing:**

ECG  
 Labs (Lipid Panel, GLUF)  
 Previous Cardiac Investigations

**Relevant History:**  
 Pre-test Probability of CAD:  Low  Intermediate  High

**URGENT**       First Available       Routine

Referring Physician Signature: \_\_\_\_\_

C-era is now offering **general cardiology** consultations along with our cardiometabolic risk evaluation services.

**BOOKING WITHIN 1 WEEK**

*C-era - A centre of excellence committed to specialty-based cardiometabolic care*