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### Indication for Cardiology Consultation / Test:

Stat Echoes and ECG's are not available. Patients with cardiac symptoms should be referred to the nearest emergency department. If the request is of an urgent nature, please contact the clinic directly.

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|--|--|
| <input type="checkbox"/> Murmur                                      | <input type="checkbox"/> Known heart disease; describe                   |
| <input type="checkbox"/> Chest pain                                  | <input type="checkbox"/> Family history heart disease; describe          |
| <input type="checkbox"/> Palpitations/Tachycardia/Arrhythmia/Syncope | <input type="checkbox"/> ADHD evaluation; describe cardiac concern below |
| <input type="checkbox"/> Other: Describe:                            |  |

### Patient History / Symptoms:

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

Parent's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Health Care#: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Practitioner #: \_\_\_\_\_