

Dr. HAMID REZA BONAKDAR

Cardiologist, Electrophysiologist

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Patient Information

Last Name:

First Name:

PHN:

Date of Birth (DD/MM/YY):

Tel:

Address:

Physician Information

Family MD:

Referring MD:

Phone number:

Date of referral:

Urgency

- ☐ Urgent (within 1 week)
- ☐ Semi-Urgent (within 4 weeks)
- ☐ Elective (within 12 weeks)

Reason for referral:

- ☐ Chest Pain
- ☐ Dyspnea
- ☐ Heart Racing
- ☐ Heart Beat Irregularity
- ☐ Dizziness/ Presyncope
- ☐ Syncope

Opinion for:

- ☐ Brugada Syndrome
- ☐ ARVD
- ☐ Long QT
- ☐ Device Implantation

Arrhythmia:

- ☐ Atrial Fibrillation
- ☐ Atrial Flutter
- ☐ SVT
- ☐ WPW
- ☐ Frequent PVC/PAC
- ☐ Sinus Bradycardia/Pause
- ☐ AV Block
- ☐ Tachy/Brady Syndrome
- ☐ Ventricular Tachycardia

If there is documentation of arrhythmia, please attach.

Cardiac Testing Referral:

- ☐ ECG
- ☐ Exercise Stress Test
- ☐ 24-Hour Holter Monitoring
- ☐ 48-Hour Holter Monitoring
- ☐ 24-Hour Blood Pressure Monitoring (\$50)

Clinical information:

- | | | |
|----------------------------------|--|--|
| ☐ CAD | ☐ Dyslipidemia | ☐ FH of heart disease |
| ☐ CHF | ☐ HTN | ☐ FH of SCD |
| ☐ CKD | ☐ DM | ☐ Currently smoker |
| ☐ CVA/TIA | ☐ Thyroid disease | ☐ Bleeding problems |

Any relevant information/ Comments:

Please fax referral to 778-807-1767

Website: <https://royalwestclinic.com>

Email: Dr.Bonakdar@royalwestclinic.com