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Consultation

Urgent

Semi Urgent

Routine

### Patient Information

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

Gender:  Female  Male

Health Care Number (ULI): \_\_\_\_\_

#### Address

Phone (Home): \_\_\_\_\_

Street: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DOB (DD/MM/YYYY): \_\_\_\_\_

### Cardiovascular Procedure Requested

Pediatric Echocardiogram (ECHO)

### Reason for Referral

Murmur

Dyspnea / SOB

Abnormal ECG

Chest Pain

Hypertension

Syncope and Dizziness

Palpitation / Arrhythmia

Hyperlipidemia

Sports Cardiology Screening

Other: \_\_\_\_\_  
\_\_\_\_\_

### Family History

Congenital Heart Disease

Sudden Cardiac Death

Premature Coronary Artery

Hyperlipidemia

Other: \_\_\_\_\_ Disease

### Referring Physician Information

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

Practitioner Identification Number

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(PRAC ID): \_\_\_\_\_

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

### OFFICE USE ONLY