



DR. PRAVEEN KUMAR

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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)

ECG

Ambulatory Blood Pressure Monitoring (ABPM)

Event Recorder

Exercise Stress Test

Holter Monitor

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: _____