



**Cardiology:** Medical Centre 1: Suite 206 & 210, 430 The Boardwalk, Waterloo, ON, N2T 0C1

**Respirology:** Medical Centre 2: Suite 303, 435 The Boardwalk, Waterloo, ON, N2T 0C2

Phone: 519-741-5252 Fax: 519-741-5772 email: [cps.booking@kwcps.com](mailto:cps.booking@kwcps.com)

## REQUEST FOR CONSULTATION

**Urgency:**  Elective  Urgent

### CARDIOLOGY CONSULTATION

Indication:  Chest pain  Dyspnea  Palpitations  Syncope  Murmur

Clinical information:

### RESPIROLOGY CONSULTATION

Indication:  Dyspnea  Cough  COPD  Asthma  Interstitial Lung Disease

Clinical information:

**For all consultation requests please include: CPP with relevant history, testing and lab work with current medications and previous consult notes.**

All requests will be triaged and reviewed before an appointment will be provided.

For testing, see CPS Request for Testing requisition.

**CPS Physicians do NOT perform consultations on pediatric patients (under 18 years old )**

#### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB:(mm/dd/yyyy) \_\_\_\_\_ VC: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Email:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *PC* \_\_\_\_\_

Gender:  Female  Male  \_\_\_\_\_  
Patient requires translator: *Language* \_\_\_\_\_

#### REFERRING PHYSICIAN

Name: \_\_\_\_\_ Billing#: \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Fax:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *PC* \_\_\_\_\_  
Additional copies: \_\_\_\_\_

Referring Physician's Signature: \_\_\_\_\_  
Has this patient been seen by a CPS Physician or  
is a specific CPS physician being requested ?  
*if yes Specify:* Dr. \_\_\_\_\_