



Medical Centre 1: 430 The Boardwalk, Suite 206 & 210, Waterloo, ON

Medical Centre 2: 435 The Boardwalk, Suite 302, Waterloo, ON

Phone: 519-741-5252 Fax: 519-741-5772 email: 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.

PATIENT INFORMATION

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

REFERRING PRACTITIONER

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

Gender: Female Male _____
Patient requires translator: *Language*_____

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