



Dr. Masoud Goodarzi, FRCPC  
6055 Main Street  
Niagara Falls, ON L2G 6A1  
Phone: (289) 296-6880  
Fax: (289) 296-8876

[www.cardiacdiagnosticclinic.com](http://www.cardiacdiagnosticclinic.com)

PATIENT INFORMATION *Please complete all of this section*

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Health Card \_\_\_\_\_ Version Code \_\_\_\_\_ Gender \_\_\_\_\_

Referring Physician \_\_\_\_\_ Billing Number \_\_\_\_\_

**Reason(s) for Referral:**

Abnormal ECG \_\_\_\_\_  
Atrial Fib/Atrial Flutter \_\_\_\_\_  
Chest Pain/ Discomfort \_\_\_\_\_  
Palpitations \_\_\_\_\_  
SOB \_\_\_\_\_  
Heart Murmur \_\_\_\_\_  
Routine Screening \_\_\_\_\_  
Family history of ASHD \_\_\_\_\_  
Syncope \_\_\_\_\_  
CAD \_\_\_\_\_  
Hypertension \_\_\_\_\_  
Post PCI (Date \_\_\_\_\_) \_\_\_\_\_  
Pre-Op (Sx Date \_\_\_\_\_) \_\_\_\_\_  
Other \_\_\_\_\_

**Existing Conditions**

Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_  
Hyperlipidemia \_\_\_\_\_  
Ischemic Heart disease \_\_\_\_\_  
Previous MI \_\_\_\_\_  
Previous PCI \_\_\_\_\_  
Previous CABG \_\_\_\_\_  
Smoker \_\_\_\_\_  
Pre-op (Sx date \_\_\_\_\_) \_\_\_\_\_  
Obese \_\_\_\_\_  
weight \_\_\_\_\_  
Arrhythmia \_\_\_\_\_

Current Medications: \_\_\_\_\_

- ☐ 1. **CONSULT** with Dr. Goodarzi . *If appointment is urgent referring physician to call directly*  
**Send (fax or mail) all pertinent Rx, reports, tests and lab results prior to appointment.**

- ☐ 2. **ECHOCARDIOGRAPH** with Contrast if needed ☐ **ECG** ☐ **TEE**

- ☐ 3. a) **EXERCISE CARDIAC STRESS** – walking on a treadmill d) **PERSANTINE STRESS TEST** – done at the GNGH  
b) **STRESS ECHOCARDIOGRAPHY** e) **MYOVUE STRESS TEST** – done at the GNGH  
c) **DOBUTAMINE STRESS ECHO** – for patients unable to exercise, IV meds simulate exercise

- ☐ 4. **HOLTER MONITORING** ☐ **48 Hours** ☐ **72 Hours** ☐ **14 days**

- ☐ 5. **AMBULATORY BLOOD PRESSURE MONITOR** *Not an OHIP benefit – charges apply*

- ☐ 6. **SPIROMERTY**

- ☐ 7. **METACHOLINE CHALLENGE** *Done at the GNGH*

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The Emergency Department has referred you to the Cardiac Diagnostic Clinic of Dr Masoud Goodarzi, a specialist in Internal Medicine. While his office will contact you, we recommend that you call the office in 2-3 business days if you do not hear from them.

His clinic is situated at 6055 Main Street in Niagara Falls.

If before your appointment you think you are getting worse, please return to the Emergency Department for reassessment. Make sure you have discussed this and any other questions you have with the ER doctor or Nurse before you leave the ED.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at [www.niagaradocs.ca](http://www.niagaradocs.ca) or by calling Healthcare Connect Ontario at 1-800-445-1822. You can also call 211 during business hours for information from the Niagara Region about supports, including getting a family doctor.



**PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM ED**