



UNIVERSITY OF OTTAWA  
**HEART INSTITUTE**  
 INSTITUT DE CARDIOLOGIE  
 DE L'UNIVERSITÉ D'OTTAWA

**Cardiac Telehealth**

Cardiac Telehome Monitoring Program

**Phone** 613-696-7050 / **FAX** 613-696-7150

Toll free: 1-877-303-9877

**Referral from:** \_\_\_\_\_  
Please specify hospital, clinic, physician's office etc...

**Contact person:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Patient Name:** First: \_\_\_\_\_ Last : \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Mm/dd/yyyy Street number & street name

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_ **Discharge Weight:** \_\_\_\_\_  Kg  Lbs  
Mm/dd/yyyy

**MRN (if applicable) :** \_\_\_\_\_

- Required documents:**
- Current Medication List
  - History / Discharge Summary
  - Echo / EF% report
  - CXR report

**Physicians:** Referring physician: \_\_\_\_\_

Primary physician: \_\_\_\_\_

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

**Pharmacy Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Transmission Time (before breakfast):** \_\_ \_\_ \_\_ \_\_ am

**Serial numbers:** Monitor \_\_\_\_\_ Scale \_\_\_\_\_

Bridge Modem *SIMID* (need 5 last numbers): \_\_\_\_\_

E-mail: cardiac\_telehealth@ottawaheart.ca