



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

## CARDIAC TELEHEALTH

Cardiac Telehome Monitoring Referral  
Cardiac\_telehealth@ottawaheart.ca  
Tel: 613-696-7000 ext. 14520 / Fax: 613-696-7150

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 (if applicable): SIMID (need 5 last numbers): \_\_\_\_\_