



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

CARDIAC TELEHEALTH

Cardiac Telehome Monitoring Referral
Cardiac_telehealth@ottawaheart.ca
Tel: 613-6J1-1111 Ext. 14520 / Fax: 613-1J1-1111

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): _____