



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

166 Brock Street, Kingston, ON K7L 5G2

Patient Information:

Name _____

DOB (yyyy/mm/dd) _____

Telephone _____

Address _____

Heart Failure Clinic

Referral Form

Telephone: 613-544-3400, ext. 3352

Facsimile: 613-544-4152

Brief History:

Medications:

Diagnostic Test Results (please forward if available):

Echocardiogram/Nuclear Medicine (MUGA/MIBI) _____ ECG _____ Coronary Angiogram _____
 Recent Chest x-ray _____ Recent creatinine, electrolytes, CBC _____ PFT/Spirometry _____

Urgency of Referral: within a week _____ within two weeks _____ within a month _____

Physician's Signature: _____

Physician's Name: _____

Telephone: _____

Please fax the completed referral form to 613-544-4152.
 Patients will be notified with a date and time of an appointment.