



Medical Centre 1: 430 The Boardwalk, Suite 206 & 210, Waterloo, ON

Medical Centre 2: 435 The Boardwalk, Suite 302, Waterloo, ON

Phone: 519-741-5252 Fax: 519-741-5772 email: [cps.booking@kwcps.com](mailto:cps.booking@kwcps.com)

## REQUEST FOR CONSULTATION

Urgency:  Elective  Urgent

### CARDIOLOGY CONSULTATION

Indication:  Chest pain  Dyspnea  Palpitations  Syncope  Murmur

Clinical information:

### RESPIROLOGY CONSULTATION

Indication:  Dyspnea  Cough  COPD  Asthma  Interstitial Lung Disease

Clinical information:

For all consultation requests please include: CPP with relevant history, testing and lab work with current medications and previous consult notes.

All requests will be triaged and reviewed before an appointment will be provided.

For testing, see CPS Request for Testing requisition.

#### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB:(mm/dd/yyyy) \_\_\_\_\_  
Health Card Number: \_\_\_\_\_ VC: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *PC* \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Email:* \_\_\_\_\_

Gender:  Female  Male  \_\_\_\_\_  
Patient requires translator: *Language*\_\_\_\_\_

#### REFERRING PHYSICIAN

Name: \_\_\_\_\_ Billing#: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *PC* \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Fax:* \_\_\_\_\_  
Additional copies: \_\_\_\_\_

Referring Physician's Signature: \_\_\_\_\_  
Has this patient been seen by a CPS Physician or  
is a specific CPS physician being requested ?  
*if yes Specify:* Dr. \_\_\_\_\_