INVICTUS HEALTH GROUP
NAVIGATING HEALTH, TOGETHER.

Dr. Gurdev K. Bhurji
BMBS, FRCPC, ABIM
604.923.1555
604.259.9735
info@invictushealthgroup.ca
www.invictushealthgroup.ca
308 - 8425 120 Street
Delta, BC V4C 6R2

REFERRAL FORM

PATIENT INFORMATION

Full Name: _____ Sex (M/F): _____

Date of Birth (DD/MM/YYYY): _____ Phone: _____

PHN: _____ Email: _____

Address: _____

REQUESTED CARDIODIAGNOSTIC STUDY

- ☐ 12-Lead ECG (Routine)
- ☐ 12-Lead ECG (Urgent < 24 hrs, Monday - Friday)
- ☐ Holter Monitor
- ☐ 24-Hour Ambulatory BP Monitor (Private Pay $55)
- ☐ Treadmill Test (With Specialist Consult)
- ☐ Treadmill Test (Without Specialist Consult)

INDICATION FOR STUDY

- ☐ Chest Pain
- ☐ Palpitations
- ☐ Syncope/Presyncope
- ☐ Coronary Artery Disease
- ☐ Arrhythmia
- ☐ Other: _____

RELEVANT MEDICATIONS

- ☐ Beta Blockers
- ☐ Nondihydropyridine Calcium Channel Blockers (e.g. Verapamil, Diltiazem)
- ☐ Digoxin
- ☐ Nitroglycerin
- ☐ Warfarin or DOAC
- ☐ Antiarrhythmic (e.g. amiodarone, sotalol, flecainide, etc.)
- ☐ Other: _____

_____

_____

PREFERRED PROVIDER

You can refer to a specific specialist or select 'next available appointment' for the earliest appointment date.

- ☐ **Dr. Gurdev K. Bhurji** (MSP #59372)
  Internal Medicine
- ☐ **Dr. Ezz Fam** (MSP #27979)
  Internal Medicine
- ☐ **Next available appointment**

REASON FOR REFERRAL

☐ Cardiac Assessment ☐ Hypertension ☐ Dyslipidemia ☐ Diabetes ☐ Fatty Liver Disease

☐ Other: _____

_____

Please attach patient's medical history, current medications, and most recent bloodwork

REFERRING PHYSICIAN INFORMATION

Ordering Physician: _____

MSP #: _____

Copy of results to: _____

SIGNATURE OF REFERRING PHYSICIAN

Signature: _____

Date: _____