

Don't have a family doctor or nurse practitioner, but are concerned about atrial fibrillation? We're here to help. If you don't have a physician, please fill out the form below. Once completed, email it to info@pace-cardiology.com. We'll connect you with a family or urgent care physician who will assess your atrial fibrillation and determine if a referral to a PACE cardiologist is necessary.

Patient Information

First Name: _____

Last Name: _____

Date of Birth (M/D/Y): _____

M F Other

Phone: _____

OHIP #: _____

Email: _____

Vrs.Code: _____

What are the main Atrial Fibrillation (afib) symptoms you are experiencing?

What medications are you currently taking?

Patient consents to electronic communication of personal health information using email address and/or phone number provided, as explained at www.pace-cardiology.com/privacy-policy.

Clinical information (for office use only)

Referring MD: _____

MD Signature: _____

MD Billing #: _____

Date: _____

Consultation requests should include the referral reason, medication list, and any past ECGs, chest x-rays, blood work, and cardiac assessments.