

Referral Form

Internal Medicine

Fax: 416.284.0141 Email: refer@corcare.net Phone: 416.284.4744 www.corcare.net

Our Vision is to provide the highest quality services by ensuring rapid access to advanced diagnostic testing and consultation

Clinical History: Medication: Previous Test Results: Physician Information Physician Name: Coffice E-Mail: Office E-Mail: Office Fax: Preferred Method of Report Delivery: Email Fax Mail Consultation Urgency Internist Diabetes* Internal Medicine Urgent < 48 hrs First Available Semi-urgent < 2 weeks Cardiac Risk Factor Dyslipidemia Elective Dr. Raluca Kul	Previous Test Results: Physician Information Physician Name: Referring Physician #: Previous Ferred Method of Report Delivery: Email Fax Mail	ame:		DOB:	Age: Sex:
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Physician Name:	Physician Name: Referring Physician #:	revious Test Results:			
Physician Name: Referring Physician #:	Physician Name: Referring Physician #: Office E-Mail: Office Fax: Office Fax: Preferred Method of Report Delivery: Email Fax Mail Consultation	hysician Informatio	n		
□ Diabetes* □ Internal Medicine □ Urgent < 48 hrs	Consultation Urgency Internist Diabetes* Internal Medicine Urgent < 48 hrs First Ava Weight Loss Thyroid Semi-urgent < 2 weeks Cardiac Risk Factor Dyslipidemia Elective Dr. Raluc Management Other / Please Specify Below Follow Up Hypertension	hysician Name:			
Consultation Urgency Internist Diabetes* Internal Medicine Urgent < 48 hrs First Available Weight Loss Thyroid Semi-urgent < 2 weeks Cardiac Risk Factor Dyslipidemia Elective Dr. Raluca Kul Management Other / Please Specify Below Follow Up Dr. Christina F	Consultation Urgency Internist Diabetes* Internal Medicine Urgent < 48 hrs First Ava Weight Loss Thyroid Semi-urgent < 2 weeks Cardiac Risk Factor Dyslipidemia Elective Dr. Ralucture Management Other / Please Specify Below Follow Up Dr. Christ	ffice E-Mail:		Office Fax:	
□ Weight Loss □ Thyroid □ Semi-urgent < 2 weeks □ Cardiac Risk Factor Management □ Dyslipidemia □ Elective □ Dr. Raluca Kulle Pollow Up □ Hypertension □ Dr. Christina Follow Up □ Dr. Christina Follow Up	□ Weight Loss □ Thyroid □ Semi-urgent < 2 weeks □ Cardiac Risk Factor Management □ Dyslipidemia □ Elective □ Dr. Ralude □ Hypertension □ Other / Please Specify Below □ Follow Up □ Dr. Christ	Jonsultation			
□ Weight Loss □ Thyroid □ Semi-urgent < 2 weeks	□ Weight Loss □ Thyroid □ Semi-urgent < 2 weeks	Jonsultation		Urgency	Internist
Management ☐ Other / Please Specify Below ☐ Follow Up ☐ Dr. Christina F☐ Hypertension	Management ☐ Other / Please Specify Below ☐ Follow Up ☐ Dr. Chris ☐ Hypertension		☐ Internal Medicine		Internist □ First Available
☐ Hypertension	☐ Hypertension	☐ Diabetes*		☐ Urgent < 48 hrs	
		□ Diabetes*□ Weight Loss□ Cardiac Risk Factor	☐ Thyroid	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks	
Other	Other	□ Diabetes*□ Weight Loss□ Cardiac Risk Factor Management	☐ Thyroid ☐ Dyslipidemia	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks ☐ Elective	☐ First Available
		□ Diabetes*□ Weight Loss□ Cardiac Risk Factor Management	☐ Thyroid ☐ Dyslipidemia	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks ☐ Elective	□ First Available □ Dr. Raluca Kukre
		 □ Diabetes* □ Weight Loss □ Cardiac Risk Factor Management □ Hypertension 	☐ Thyroid ☐ Dyslipidemia	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks ☐ Elective	□ First Available □ Dr. Raluca Kukre
		 □ Diabetes* □ Weight Loss □ Cardiac Risk Factor Management □ Hypertension 	☐ Thyroid ☐ Dyslipidemia	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks ☐ Elective	□ First Available □ Dr. Raluca Kukre
	Diabetic patients must bring their glucometers and log books	 □ Diabetes* □ Weight Loss □ Cardiac Risk Factor Management □ Hypertension Other	☐ Thyroid ☐ Dyslipidemia ☐ Other / Please Specify Below	☐ Urgent < 48 hrs ☐ Semi-urgent < 2 weeks ☐ Elective ☐ Follow Up	□ First Available □ Dr. Raluca Kukre
·	A1c Level and Kidney Function Test	□ Diabetes* □ Weight Loss □ Cardiac Risk Factor Management □ Hypertension Other * Please note that blood	☐ Thyroid ☐ Dyslipidemia ☐ Other / Please Specify Below d work will be required for all diabe	□ Urgent < 48 hrs □ Semi-urgent < 2 weeks □ Elective □ Follow Up	□ First Available □ Dr. Raluca Kukre



Physician Signature



Test Information for Patients

Bring With You

- 1. Your health card (required by the Ministry of Health)
- 2. Your medication list
- 3. This referral form

Medication

 Check with doctor to determine if you should hold medication prior to your test.

Missed Appointment Charges

- \$50.00 charge to rebook missed appointment
- No charge if cancelled by 3:00 pm the day prior to test day

Our Physicians

Cardiology

Anjala Chelvanathan MD, FRCPC Cardiologist

Nisha A. D'Mello MD, FRCPC Cardiology & Cardiac Imaging

Paul Galiwango MD, FRCPC Cardiology & Cardiac Imaging

Sarah Ipekian MD, FRCPC Cardiology & Cardiac Imaging

Saleem Kassam MD, FRCPC Interventional & General Cardiology

Kareem Morant MD, FRCPC Cardiology & Cardiac Imaging

Askok Mukherjee MD, FRCPC Cardiologist

Joseph Ricci MD, FRCPC, FACC Cardiologist

Internal Medicine

Raluca Kukreja MD, FRCPC General Internal Medicine

Christina Paul MD, FRCPC General Internal Medicine

Neurology

Chern W. Lim MD, FRCPC Neurology and Neuromuscular

Our Services

- Cardiac Assessment and Diagnostics
- Echo Stress Test Holter
- Cardiologists Available On Site

- Nuclear Medicine
- Internal Medicine and Diabetes Referral
- Neurology and Neuromuscular Referral



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