

Paediatric Cardiology Clinic
800 Commissioners Road East
London, Ontario N6A 5W9
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Request for Consultation for Paediatric Cardiology

Family History Positive for Cardiac Disease

We have received a request for consultation from your office and would like the following information to assist us to triage the urgency of your request. Please also include a detailed medical history for the patient being referred and the family member's medical history including tests (ECG/Echo/Autopsy report).

Circle the appropriate family member's cardiac condition:

Sudden Death Long QT Syndrome Cardiomyopathy ARVC Brugada Syndrome

Other/Unknown (please provide details)

Circle the relationship of the family member to the patient being referred:

Mother Father Grandparent Sibling

Circle all symptoms of the patient being referred and provide details (duration, loss consciousness, exertional vs. rest)

Palpitations/Tachycardia Presyncope Syncope Chest Pain

None