

Paediatric Cardiology Clinic
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Request for Consultation for Paediatric Cardiology

Palpitations

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. Any diagnostic testing that you have completed would be greatly appreciated (ie Vital Signs, ECG, ECHO, Blood work).

Onset of symptoms (date): _____

Duration of episode: <1 min <5 min 6-10 min 11-15 min >15 min

Number of episodes: 1 2-5 6-10 >10

Frequency of episodes: Daily Weekly Monthly Yearly

Are the palpitations associated with Syncope? If yes, please provide a description of duration of level of consciousness, exertional vs. rest and any other associated symptoms. Yes No

Is there documentation of the episodes i.e. ECG? Please attach to the referral request.