

Paediatric Cardiology Clinic
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Request for Consultation for Paediatric Cardiology

Syncope

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): _____

Did the patient experience loss of consciousness: Yes No

Is there a family history of sudden death? If yes, please include all known details related to affected family

member: _____

Length of syncope episode: < 1 min 1-3 min >3 min

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

Did syncope occur with exertion? Yes No

If yes, please describe activity: _____

