

**To Book an Appointment**  
**M-F 8:30 am - 5:00 pm**  
**Weekends - Call for Appointment**  
**Tel: 519.354.6440**  
**Fax: 519.397.3061**



## REQUISITION FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: ☐ M ☐ F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell: \_\_\_\_\_  
OHIP#: \_\_\_\_\_ Version code: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

***\*Please bring medication list and OHIP card to the appointment.***

- ☐ **TEST ONLY** ☐ **TEST AND CONSULTATION**  
☐ **URGENT (1-2 days *\*Same day available with call*)** ☐ **SEMI-URGENT (<1 week)** ☐ **NON-URGENT**

### CARDIAC TESTING:

- ☐ **2D ECHO** ☐ Contrast (*Thrombus*) ☐ Speckle tracking (*Chemo*)  
☐ **Stress Echo**  
☐ Treadmill ☐ Supine Bicycle ☐ Dobutamine  
☐ **Exercise ECG** ☐ **ECG**  
☐ **Holter** ☐ 48 Hr ☐ 72 Hr ☐ 14 Days ☐ Loop  
☐ **Spirometry**  
☐ Bronchodilator ☐ Volume Loop  
☐ **24 Hr Ambulatory BP Monitor (\$30) — *\*not covered by OHIP***

### REASON FOR REFERRAL:

- |  |   |
|--|---|
| <input type="checkbox"/> Chest Pain          | <input type="checkbox"/> TIA/Stroke             |
| <input type="checkbox"/> Syncope             | <input type="checkbox"/> Hypertension           |
| <input type="checkbox"/> Palpitation         | <input type="checkbox"/> Murmur                 |
| <input type="checkbox"/> CV Screening        | <input type="checkbox"/> Valvular Heart Disease |
| <input type="checkbox"/> Arrhythmia          | <input type="checkbox"/> Dyspnea                |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Dyslipidemia           |
| <input type="checkbox"/> CAD                 | <input type="checkbox"/> Chemotherapy           |
| <input type="checkbox"/> Abnormal ECG        | <input type="checkbox"/> CHF                    |

Patient History: \_\_\_\_\_

#### Appropriate Indication for Echo:

- ☐ Heart murmur.
- ☐ Native valve stenosis.
- ☐ Native valve regurgitation.
- ☐ Known or suspicious mitral valve prolapse.
- ☐ Congenital or Inherited Cardiac Structural Disease Prosthetic Heart Valves ( new and follow up).
- ☐ Infective Endocarditis.
- ☐ Pericardial Disease.
- ☐ Cardiac Masses.
- ☐ Interventional Procedures (post op complication ).

- ☐ Pulmonary Diseases.
- ☐ Chest Pain and Coronary Artery Disease.
- ☐ Dyspnea, Edema and Cardiomyopathy.
- ☐ Hypertension.
- ☐ Thoracic Aortic Disease.
- ☐ Neurologic or Other Possible Embolic Events.
- ☐ Arrhythmias Syncope and Palpitations.
- ☐ Before Cardioversion.
- ☐ Suspected Structural Heart Disease.
- ☐ Pre-Chemotherapy and follow up post chemo-therapy with Speckle tracking echocardiogram.

\*Citation: Standards for Provision of Echocardiography in Ontario 2015

#### Appropriate Indication for Stress Echo:

- ☐ Typical or atypical chest pain or ischemic equivalent syndrome.
- ☐ Possible ACS with non-diagnostic ECG changes and negative or borderline significant troponin levels.
- ☐ History of Congestive Heart Failure.
- ☐ Known LV systolic dysfunction of unclear etiology.
- ☐ Significant ventricular arrhythmia.
- ☐ Syncope of unclear etiology.
- ☐ Borderline or high troponin levels in a setting other than ACS.
- ☐ Significant cerebrovascular or peripheral atherosclerosis.
- ☐ Re-evaluation ( $\geq 1$  yr) in patients with significant cerebrovascular or peripheral atherosclerosis.
- ☐ Equivocal or non-diagnostic results from other stress modalities.
- ☐ Initial evaluation of patients at intermediate or high global CAD risk.
- ☐ Periodic ( $\geq 2$  yrs) re-evaluation of patients with intermediate or high global CAD risk.
- ☐ New or worsening chest pain or ischemic equivalent.
- ☐ Post MI or ACS for risk stratification (within 3 months).
- ☐ Viability in patients with known significant LV dysfunction post re-vascularization.
- ☐ Periodic ( $\geq 1$  yr) re-evaluation of stable patients with known CAD (previous coronary angiography, CTA/EBCT, MI, \_\_ ACS or abnormal stress imaging).
- ☐ For physiologic assessment and/or symptom correlation in patients with moderate or severe Aortic Stenosis, Mitral Stenosis, Mitral Regurgitation, Aortic Regurgitation, Hypertrophic Cardiomyopathy.
- ☐ Assessment of established or latent pulmonary hypertension.

\* Citation: Standards for Provision of Echocardiography in Ontario 2015

Referring MD: \_\_\_\_\_ Billing#: \_\_\_\_\_ MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

## CARDIAC TEST INSTRUCTIONS

Please arrive 15 minutes prior to your appointment time

- \*Bring your referral form for cardiac test
- \*Please provide us with 48 hours notice of cancellation
- \*Please bring a complete list of your medications to all tests

### 1. ECG test - Est. Duration: <15 minutes

-Records and checks the electrical activity of the heart including the timing and duration of each electrical phase in your heartbeat

### 2. 2D Echocardiography (ECHO) - Est. Duration: 30min - 45min

- Water-based gel will be applied to your chest, then the electrode pads will be placed on your chest and shoulders to monitor your heartbeat
- The technologist will hold and press a transducer (use in ultrasound) on your chest to obtain different views of the heart
- You may be asked to change your position or hold your breath at times during the test in order to take various images of different areas of your heart
- Take medications normally
- Do not apply any body lotion or oil to your skin before the appointment
- A comfortable two-piece outfit is best

### 3. Stress Exercise Test - Est. Duration: 30min

- Involves walking and/or running on treadmill or pedalling a supine bicycle while several electrode pads will be placed on your chest to obtain an ECG
- Do not apply any body lotion or oil to your skin before the appointment
- Please wear a comfortable two-piece outfit (no dresses) and shoes (preferably running shoes)
- No large meals or caffeine **2 hours** prior
- You will be asked to read and sign a consent form prior to the test
- Hold Beta Blocker 48 hours prior

### 4. Stress Echocardiogram - Est. Duration: 1hour

- Similar to Stress Test but with addition of 2D echocardiography scan before and after exercise
- Involves walking and/or running on treadmill or pedalling a supine bicycle while several electrode pads will be placed on your chest to obtain an ECG
- Do not apply any body lotion or oil to your skin before the appointment
- Please wear a comfortable two-piece outfit (no dresses) and shoes (preferably running shoes)
- No large meals or caffeine **2 hours** prior
- You will be asked to read and sign a consent form prior to the test
- Hold Beta Blocker 48 hours prior

### 5. Holter Monitor

- Records cardiac activity for 24, 48, 72 hours or 14 Days
- Do not apply any body lotion or oil to your skin before the appointment
- You will be asked to sign the equipment loan agreement before you can take the unit home
- You will be asked to keep a daily monitor diary
- Additional instructions will be given at your appointment
- You will be instructed to return the unit and daily diary to the office at the set date and time

### 6. Cardiac Loop Event Recorder

- Records cardiac activity for one to two weeks
- Do not apply any body lotion or oil to your skin before the appointment
- You will be asked to sign the equipment loan agreement before you can take the unit home
- Additional instructions will be given at your appointment
- You will be instructed to return the unit and daily diary to the office at the set date and time