

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 SEMI-URGENT (<1 week) NON-URGENT
 URGENT (1-2 days **Same day available with call*)

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
- 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 (≥ 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 (≥ 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 (≥ 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