

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

Cardiac Diagnostics Referral

Please fax to (905) 830-5810

<input type="checkbox"/> IN-PATIENT – for STAT ECHO, page Cardiologist on-call		<input type="checkbox"/> OUT-PATIENT: <input type="checkbox"/> Urgent (<i>less than 2 weeks</i>) <input type="checkbox"/> Routine	
Patient Name: (print first, last) _____		Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>	
Address: _____	Street Number + Name	Apartment	City Province Postal Code
Health Card Number: _____		Version Code: _____	
Other Insurance: _____		WSIB Number: _____	
Contact Number: _____		Alternate: _____	
EXAMINATION(S) REQUESTED		CLINICAL INFORMATION * You must complete this section.	
Cardiac Structure and/or Function Assessment <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Transesophageal Echocardiogram <small>(TEE - must be NPO greater than 6 hours, specialists referral only, safety screening form must be completed with requisition)</small> <input type="checkbox"/> Echocardiogram with Ultrasound Enhancing Agent (Definity) <input type="checkbox"/> Echocardiogram with Bubble Study Date of last ECHO <u>dd</u> / <u>mm</u> / <u>yy</u>		An incomplete requisition will cause a delay in service to your patient. Reason for Request: <input type="checkbox"/> Chest Pain <input type="checkbox"/> History of MI <input type="checkbox"/> Dyspnea <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Palpitations <input type="checkbox"/> CHF <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Murmur/Valve Disease <input type="checkbox"/> Syncope <input type="checkbox"/> Pericardial Effusion <input type="checkbox"/> Post PCI/CABG <input type="checkbox"/> Other _____ _____ _____ _____ _____ _____ _____ _____	
Stress Testing/Ischemic Testing <input type="checkbox"/> Exercise Stress Test <input type="checkbox"/> Exercise Stress ECHO (<i>Out-Patient only</i>)			
Monitoring <input type="checkbox"/> ECG <input type="checkbox"/> Ambulatory ECG Monitoring (<i>holter</i>) Hours: <input type="checkbox"/> 48 <input type="checkbox"/> 72 Days: <input type="checkbox"/> 7 <input type="checkbox"/> 14 (<i>out-patient only</i>)			

BY SIGNING THIS REQUISITION, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS PROCEDURE.
PLEASE FAX COMPLETED REQUISITION TO 905-830-5810 TO SCHEDULE AN APPOINTMENT.

NOTE: THIS REQUISITION WILL BE TRIAGED BY THE CARDIAC DIAGNOSTICS DEPARTMENT.

PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.

Referring Physician: <i>(print first, last)</i> _____		Billing #: _____	
Signature: _____		Date: <u>dd</u> / <u>mm</u> / <u>yy</u>	
Office Phone: () _____		Fax Number: () _____	
COPY OF REPORT TO: Family Doctor: _____			

The collecting of personal information on this form is done in accordance with Southlake Health's Privacy Policy. Details are available on our website, www.southlake.ca



Diagnostic Imaging

Cardiac Diagnostics Patient Preparation and Information

***Please arrive 15 minutes prior to your appointment to allow time for registration and hold your appointment time.**

Regular Exercise Stress Test (Duration: 45 mins)

- Bring a current list of any medications you are taking
- Wear loose fitting, comfortable clothing including rubber sole walking/running shoes
- Avoid alcoholic beverages for a minimum of 24 hours prior to the test
- Avoid smoking for a minimum of two (2) hours prior to the test

Holter Monitor 24 hr, 48 hr, 72hr, or 14 days (Duration: 30 mins)

- No special preparation required
- Bring a current list of any medications you are taking

Echocardiogram (Duration: 60 min)

- Avoid the use of powder or creams on your chest or stomach the day of your test

Transesophageal Echocardiogram (Duration: TEE - 2 to 3 hours)

- Have nothing to eat or drink after midnight prior to your test. You may take your medications in the morning with a sip of water.
- You will be receiving a sedative. You must arrange for a responsible adult to drive you home from the hospital after your test.
- DO NOT DRIVE for 24 HOURS
- Bring a current list of any medications you are taking

Exercise Stress Echocardiogram (Duration: 2 hours)

- Bring a current list of any medications you are taking
- Wear loose fitting, comfortable clothing including rubber sole walking/running shoes

Echocardiogram with Ultrasound Enhancing Agent (Definity) (Duration: 1.5 hours)

- Bring a current list of any medications you are taking
- An intravenous line will be inserted into your arm to deliver the contrast agent

Instructions for In-patient and Out-patient TEE

- No food or drink for 6 hours prior
- Meds with sips can be given at least 2 hours prior (with preference to AVOID diuretics if possible)
- Patient must have IV access
- No driving for 24 hours post TEE
- Please indicate on requisition if patient has previous surgery or known disease of esophagus or stomach