CARDIAC DIAGNOSTICS REQUISITION

WOODSTOCK HOSPITAL
Department of Diagnostic Imaging
310 Juliana Drive
Woodstock, ON N4V0A4
Phone: 519-421-4204 Fax: 519-421-4241
Central Bookings
Phone: 519-537-2381 Fax: 519-421-4238

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____

Phone:_____ Fax_____

Ordering Physician or Authorized Health Care Provider Signature:

Copy to:_____

Patient Information:

Name (Last, First):_____

DOB: _____ ☐M ☐F PIN:_____
MMM DD YYYY

Address:_____

Phone Number (Home):_____

(Other):_____

Health Card Number:_____ Version Code:_____

Patient Height:_____ feet ' inches " or centimetre (cm)

Patient Weight:_____ pounds (lb) or kilograms (kg)

☐ Patient greater than 300 lb or 136 kg

Medications:_____

Relevant Patient History:

CARDIAC EXAMINATION:

☐ Echocardiography

Clinical Indications for Echocardiography:

☐ Baseline Left Ventricular (LV) function or periodic review when using cardiotoxic drugs (Chemotherapy)
☐ Cardiac Mass
☐ Cardiomyopathy
☐ Chest Pain
☐ Congenital or Inherited Structural Heart Disease
☐ Congestive Heart Failure
☐ Coronary Artery Disease
☐ Dyspnea
☐ Edema
☐ Heart Murmur
☐ Hypertension
☐ Infective Endocarditis
☐ Interventional Procedures
☐ Known or Suspected Mitral Valve Prolase
☐ Previous Echocardiography Date: _____
☐ Neurologic or Other Possible Embolic Events
☐ Palpitations or Arrhythmia
☐ Pericardial Disease
☐ Pre-Cardioversion
☐ Pre-Pacemaker or Intracardiac Device (ICD)
☐ Prosthetic Heart Valve:
☐ Aortic ☐ Mitral
☐ Tricuspid ☐ Pulmonic
Date (year):_____
☐ Pulmonary Disease
☐ Pulmonary Embolism
☐ Suspected Structural Heart Disease
☐ Thoracic Aortic Disease
☐ Valvular Regurgitation
☐ Valvular Stenosis
☐ Other: _____
_____

☐ Standard Graded Exercise Stress Test
Patient must be able to walk on treadmill

☐ Holter Monitor: ☐24 hours ☐ 48 hours
☐72 hours ☐5 days ☐7 day ☐14 days

☐ ECG (Electrocardiogram) - 12 lead

☐ ECG (Electrocardiogram) - 15 lead

Clinical Indications for Stress, Holter, or ECG:

☐ Cardiac Rehabilitation
☐ Chest Pain
☐ Dizzy Spells
☐ Functional Capacity
☐ Pacemaker or Defibrillator
☐ Palpitations
☐ Premature Ventricular Contractions (PVC)
☐ Rule out Atrial Fibrillation
☐ Post Myocardial Infarction (MI)
☐ Post Percutaneous Coronary Intervention (PCI) or
Coronary Artery Bypass Grafting (CABG)
☐ Syncope
☐ Other (specify)_____

Appointment Date:

Appointment Time:

BOOKINGS CANNOT BE MADE UNLESS REQUISITION IS COMPLETED IN FULL
Please submit completed requisition by fax to Central Bookings: 519-421-4238
PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD
To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

PREPARATION for ALL CARDIAC DIAGNOSTIC PROCEDURES

- No restrictions on food or drinks or medications (unless instructed by your Physician)
- Bring a list of current medications
- Please arrive 20 minutes before your appointment time. Check in on the Main Floor Diagnostic Imaging, Cardio-Respiratory Reception. Late arrivals may be rebooked

EXAM	EXAM DESCRIPTION	DURATION
Echocardiogram (ECHO)	An echocardiogram is an ultrasound study of the heart. It evaluates the chambers for function, the walls and chambers for size and heart valves to check the blood flow. You will be lying on your left side for the majority of the exam. Results will be relayed to your Health Care Provider after being interpreted by a Physician.	45-60 minutes
Electrocardiogram (ECG)	An electrocardiogram (ECG) is a test that measures the electrical activity of the heart. It involves the placement of electrodes which are small adhesive patches or suction cups that are placed on your chest, arms and legs. There are sensor pads in these patches that record the electrical activity which is recorded, then interpreted by a Physician.	15-20 minutes
Standard Graded Exercise Test *Patient must be able to walk on treadmill	The Standard Exercise Stress Test is a general screening tool used to evaluate the heart's response to graded exercise. At predetermined intervals the exercise will increase and the patient's ECG, blood pressure and heart rate are recorded. The results of the test may help your physician decide if you have heart disease, and if so, how severe it is.	30-45 minutes
Holter Monitor	Holter monitoring enables your Physician to find out how well your heart is keeping its rhythm as you go about your day-to-day activities. Since the monitor continuously records your heart beat over the period of time you wear it, it is suggested that you bathe prior to your first exam visit, as you won't be able to shower or bathe while wearing the monitor. It records on a small digital recorder for subsequent review and analysis.	20-30 minutes

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS To cancel or reschedule your appointment please call Central Bookings: 519-537-2381
For any questions regarding your Echocardiogram please call: 519-421-4233 extension 2060
For any questions regarding all other Cardiac Exams please call: 519-421-4233 extension 3160

Please be aware that this is a "Fragrance Free" facility

For more information on these procedures, please visit:

Cardiac Care Network
http://ccn.on.ca/ccn_public/FormsPatientPortal/CommonTestsForYourHeart.aspx

Heart and Stroke Foundation
http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.3581677/k.6103/Heart_Disease__Tests.htm

See My Heart
http://www.seemyheart.org/