

PATIENT INFORMATION:

PATIENT'S NAME: _____ D.O.B: _____ F M

ADDRESS: _____

TELEPHONE #: _____ HEALTH CARD #: _____

APPOINTMENT DATE: _____ TIME: _____

WEIGHT: _____

*Note: Please see back for patient instructions and directions

Check if applicable **STAT**

CARDIOLOGY	CARDIOLOGY CONSULTATION
<input type="checkbox"/> 12-LEAD ELECTROCARDIOGRAM (REST ECG) <input type="checkbox"/> ECHOCARDIOGRAM (COLOUR DOPPLER) <p><i>Please select one of the following indications:</i></p> <input type="checkbox"/> Chest pain suspicious of CAD <input type="checkbox"/> Murmur <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Palpitations / arrhythmias <input type="checkbox"/> Syncope <input type="checkbox"/> Other: _____	<input type="checkbox"/> CONSULTATION REQUESTED <input type="checkbox"/> Urgent, first available cardiologist <input type="checkbox"/> Dr. A. Akram <input type="checkbox"/> Dr. A. Mundi <input type="checkbox"/> Dr. R. Mark Iwanochko <input type="checkbox"/> Dr. E. Downar <input type="checkbox"/> Dr. H. Amad <input type="checkbox"/> Dr. _____ <input type="checkbox"/> CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL
<input type="checkbox"/> AORTIC ULTRASOUND - Simcoe <input type="checkbox"/> EXERCISE STRESS TEST (GXT) <input type="checkbox"/> HOLTER MONITORING <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> ____ Hours / Weeks / Months <input type="checkbox"/> 24HR BP MONITOR (\$80.00 fee required)	<div style="background-color: #a52a2a; color: white; text-align: center; padding: 2px;">NUCLEAR CARDIOLOGY - Simcoe</div> <input type="checkbox"/> MYOCARDIAL PERFUSION IMAGING (MPI) with ventricular function <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine <input type="checkbox"/> MYOCARDIAL WALL MOTION (MUGA) with ejection fraction <input type="checkbox"/> MYOCARDIAL VIABILITY STUDY (THALLIUM) <p>Note: Please consult your doctor regarding discontinuation of Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac stressing.</p>

Clinical Information: _____

Referring Physician: _____ Print Name _____ Signature Fax #: _____

Copy To: _____ Print Name Fax #: _____

PATIENT PREPARATION AND INSTRUCTIONS

NOTES:

1. A valid health card must be shown at every visit.
2. A signed requisition by a registered physician is mandatory for all exams.
3. If you would like to cancel/ change your appointment, please notify our office at least 24 hours prior to your scheduled time.

For additional locations across Ontario, visit www.myhealthcentre.ca

NUCLEAR CARDIOLOGY

1. Patient is to fast for 4 hours prior to the test, unless diabetic. If diabetic, patient may have a light meal and then nothing to eat 1 hour prior to the test.
2. Discontinue all caffeine products 24 hours prior to the test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and a light meal 1 hour prior to the test.
4. Wear loose fitting clothing (e.g. T-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers like Metoprolol or Atenolol, as well as Calcium Channel Blockers like Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) 48 hours prior to the test.

MYOCARDIAL PERFUSION IMAGING consists of 2 parts: 1. Rest Study - takes approximately 1.5 - 2 hours and consists of an injection followed by imaging. 2. Stress Study - takes approximately 2 - 2.5 hours and consists of a stress test, injection and imaging.

CARDIOLOGY

EXERCISE STRESS TEST

Wear soft sole shoes and comfortable clothing.
Erectile Dysfunction medication should be discontinued for 1 week prior to test.
Bring your current list of medications.

Total test time: Approximately 30 minutes

AORTIC ULTRASOUND

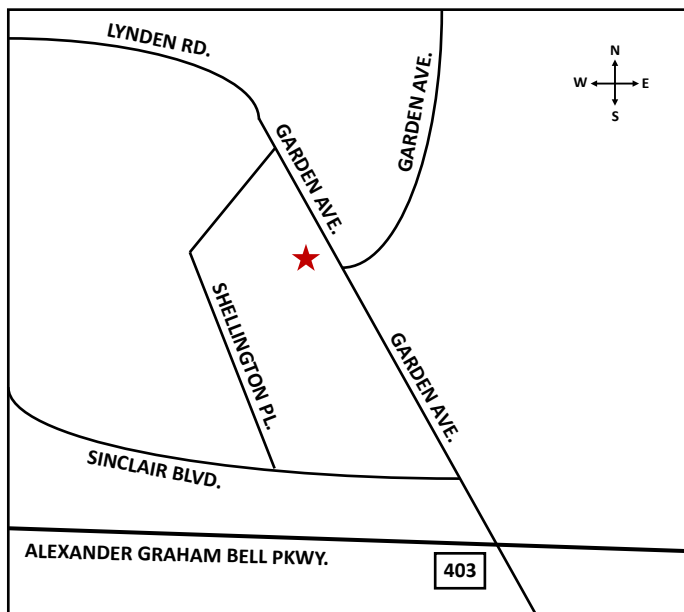
Fasting is required for 6 hours prior to the test.

HOLTER MONITORING

Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring your current list of medications.
Please note no shower/bath is permitted during recording period.

BLOOD PRESSURE MONITORING

Please wear blouse/shirt with short or loose fitting sleeves.
Bring your current list of medications.



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