Clear Form | Print Form

MyHealth | CENTRE

☐ **279 Wharncliffe Road North, Suite 111**
London, ON N6H 2C2
Tel: 519-661-0275 | Fax: 519-661-0616

☐ **510 Southdale Road East, Suite 103**
London, ON N6E 0B2
Tel: 226-663-2933 | Fax: 226-663-4561

☐ **111 Waterloo Street, Suite 100**
London, ON N6B 2M5
Tel: 519-432-3715 | Fax: 519-432-1980

☐ **21589 Richmond Street**
Arva, ON N0M 1C0
Tel: 519-672-0070 | Fax: 519-850-0144

www.myhealthcentre.ca

PATIENT INFORMATION:

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

ADDRESS: _____

TELEPHONE #: _____ OHIP #: _____

APPOINTMENT DATE: _____ TIME: _____ LMP: _____ WEIGHT: _____

*Note: Please see back for patient instructions and directions ☐ WSIB Check if applicable ☐ STAT

ULTRASOUND

By Appointment - Wharncliffe | Waterloo | Southdale

☐ Follicular Studies (Transvaginal)
☐ OB U/S for dating *(less than 16 weeks)*
☐ OB U/S ROUTINE *(18 - 20 weeks)*
☐ OB U/S NON-ROUTINE
Complications or high risk: _____
☐ IPS *(between 11 to 13 weeks)*
(please bring all IPS paper work)
☐ Full Abdomen *(includes limited pelvic screen)*
(no pelvic prep required)
☐ Upper Abdomen Only *(no pelvic screen)*
☐ Aorta Only ☐ Kidney Only
☐ Pelvic ☐ ***Proceed to transvaginal, if appropriate***
☐ Renal ☐ Bladder
☐ Prostate / Transrectal ☐ Scrotal / Testicular
☐ Thyroid ☐ Salivary Gland
☐ Soft Tissue Neck / Abdominal Wall
☐ **Other:** _____

MSK

R	L	
☐	☐	Rotator Cuff
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Knee
☐	☐	Popliteal Fossa
☐	☐	Ankle
☐	☐	Achille

VASCULAR DOPPLER

By Appointment - Wharncliffe | Waterloo

☐ Carotid
☐ Venous - Lower Extremity (DVT) ☐ R ☐ L ☐ B
☐ Venous - Lower Extremity (Reflux) ☐ R ☐ L ☐ B
☐ Venous - Upper Extremity (DVT) ☐ R ☐ L ☐ B
☐ Arterial - Lower Extremity (with ABI) ☐ B
☐ Arterial - Upper Extremity ☐ B

BONE MINERAL DENSITY

By Appointment - Wharncliffe

☐ Baseline Study ☐ High Risk BMD (every 12 months) ☐ Low Risk BMD

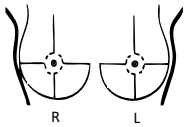
1. Has your patient had a fragility fracture after age 40? ☐ Yes ☐ No
2. Is your patient on prolonged course of corticosteroid treatment of longer than 3 months? ☑ Yes ☐ No

Please provide us with most recent BMD report if exam was not done at one of our clinics.
MOH restricts Low Risk exams to one follow-up at 36 months and subsequent follow-ups at 60 months.

MAMMOGRAPHY & BREAST ULTRASOUND

By Appointment - Wharncliffe

☐ Mammogram
☐ R ☐ L ☐ B ☐ Implants
☐ Breast Ultrasound
☐ R ☐ L ☐ B
☐ OBSP (Ontario Breast Screening Program)



X-RAY

No Appointment - Wharncliffe | Waterloo | Southdale

HEAD & NECK
☐ Soft Tissue Neck
☐ Skull
☐ Sinuses
☐ Facial Bones
☐ Nasal Bones
☐ Mandible
☐ Orbits
☐ TMJ - Temporomandibular Jt

CHEST
☐ Chest PA & LAT
☐ Ribs ☐ R ☐ L ☐ B
(includes PA Chest)
☐ Sternoclavicular Joints
☐ Sternum
☐ Other: _____

ABDOMEN
☐ Single / KUB
☐ Acute *(includes PA chest)*

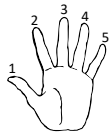
SPINE & PELVIS
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar (L/S) Spine
☐ Sacrum / Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Scoliosis Series

LOWER EXTREMITIES

R	L	
☐	☐	Hip (under 40 only)
☐	☐	Pelvis & Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tib. & Fib.
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toe: 1 2 3 4 5

UPPER EXTREMITIES

R	L	
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Shoulder
☐	☐	Humerus
☐	☐	Clavicle
☐	☐	A.C. Joints
☐	☐	Scapula
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand & Wrist
☐	☐	Hand
☐	☐	Finger: 1 2 3 4 5
☐	☐	Bone Age



☐ **OTHER X-RAY:** _____

GASTRICS (By Appointment - Wharncliffe Rd. N.)
☐ Upper GI ☐ Barium Swallow ☐ Small Bowel ☐ Barium Enema

CARDIOLOGY

☐ **HOLTER MONITORING** Wharncliffe | *Arva
☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ___ hrs ☐ 2 wks

21589 Richmond St. Arva Clinic Only

☐ **12-LEAD ELECTROCARDIOGRAM (ECG)**

☐ **ECHOCARDIOGRAM (COLOUR DOPPLER)**
Please select one of the following indications:
☐ Chest pain suspicious of CAD ☐ Palpitations / arrhythmias ☐ Hypertension
☐ Congestive heart failure ☐ Murmur ☐ Syncope
☐ Other: _____

By appointment - 21589 Richmond St., Arva (519-672-0070)
Please see MyHealth Centre cardiology requisition for all procedures performed at our Arva location.

ELECTROMYOGRAPHY CONSULTATION

☐ **EMG CONSULTATION / NERVE CONDUCTION STUDY** (By Appointment - Wharncliffe)

Clinical Information: _____

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

Copy To: _____ (Print Name) Fax #: _____

MyHealth | CENTRE

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

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.
4. Please bring toonies/loonies for paid parking at 279 Wharncliffe Rd. N. location.

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

ULTRASOUND

ABDOMEN
No eating or drinking (smoking or chewing gum) 8 hours prior to appointment.

ABDOMEN / PELVIC
No eating or drinking 8 hours prior to appointment EXCEPT that you must drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.
START AT:_____ FINISH BY:_____
Do not empty bladder before examination.

OBSTETRICAL / PELVIC
Drink 34 oz or 1 litre of water 1 hour prior to appointment.
START AT:_____ FINISH BY:_____
Do not empty bladder before examination.

PROSTATE (TRANSRECTAL)
Fleet enema 2 hours before the examination (kit may be purchased at your pharmacy). Drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.
Do not empty bladder before examination.

MAMMOGRAM

Do not wear any deodorant, powder and perfume prior to appointment.
Wear a separate blouse with skirt or slacks.

GASTRICS

STOMACH, UGI, BARIUM SWALLOW, SMALL BOWEL
Nothing to eat or drink after midnight, which includes chewing gum, candies and smoking.

For Small Bowel, please allow 1 to 2 hours for appointment.

COLON EXAMINATION (BARIUM ENEMA)
Purchase Golytely or Colyte Kit at your pharmacy 2 days prior to your appointment. Preparation must be taken the day before your examination.

Follow instructions provided with kit. Clear fluids such as tea, coffee, broth, jello, soft drinks, fruit juices only for 2 days before examination. **No milk or solid foods.**

BONE MINERAL DENSITY (BMD)

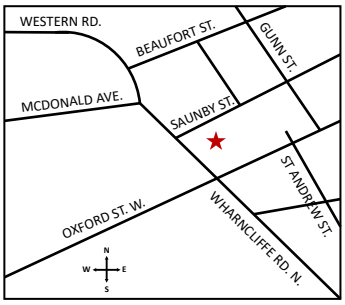
Do not take calcium/vitamin supplements 24 hours prior to exam.

Patients are asked to wear clothing without zippers or metal attachments.

If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test.

Weight limit ≤ 300 lb Age limit ≥ 20 years

PLEASE DO NOT WEAR ANY SCENTED PRODUCTS



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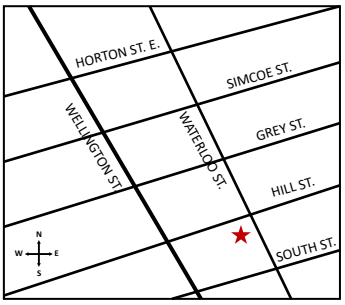
HOURS OF OPERATION:
Mon., Tues. & Thurs. 7:30am-5:30pm
Wed. 7:30am-7:00pm
Fri. 7:30am-5:00pm
Sat. 8:00am-12:00pm



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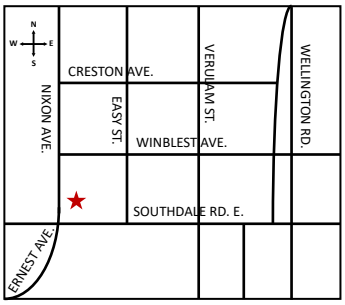
HOURS OF OPERATION:
Mon.-Fri. 8:00am-5:00pm



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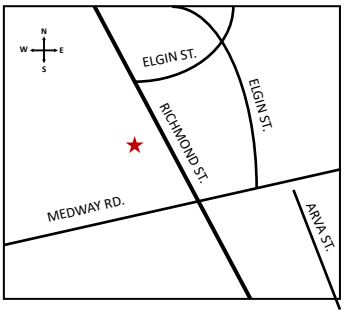
HOURS OF OPERATION:
Mon.-Fri. 9:00am-5:00pm



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HOURS OF OPERATION:
Call 519-672-0070