MyHealth | CENTRE

955 Queen Street East, Unit 50
Sault Ste. Marie, ON P6A 2C3
Tel: 705-759-1144 | Fax: 705-759-5978
www.myhealthcentre.ca

PATIENT INFORMATION:

PATIENT'S NAME: ______________________ D.O.B: ____________ ☐ F ☐ M
ADDRESS: ______________________
TELEPHONE #: ______________________ HEALTH CARD #: ______________________
APPOINTMENT DATE: ______________ TIME: ________ LMP: ________ WEIGHT: ________

*Note: Please see back for patient instructions and directions

Check if applicable ☐ **STAT**

ULTRASOUND

*By appointment

- ☐ OB U/S for dating *(less than 16 weeks)*
- ☐ OB U/S ROUTINE *(18 - 20 weeks)*
- ☐ OB U/S NON-ROUTINE
- ☐ Biophysical Profile (BPP)
- ☐ IPS *(between 11 to 13 weeks)*
- ☐ Abdomen ☐ Aorta Only
- ☐ Inguinal Canal ☐ R ☐ L
- ☐ Breast ☐ R ☐ L ☐ B
- ☐ Thyroid and/or Neck
- ☐ Pelvis ☐ Transvaginal
- ☐ Prostate ☐ Transrectal
- ☐ Renal
- ☐ Bladder
- ☐ Scrotal / Testicular
- ☐ Soft Tissue: ____________
- ☐ Other: ____________

VASCULAR DOPPLER

*By appointment

- ☐ Carotids
- ☐ Venous - Lower Extremity (DVT) ☐ R ☐ L ☐ B
- ☐ Venous - Upper Extremity ☐ R ☐ L ☐ B
- ☐ Arterial - Lower Extremity with ABI ☐ R ☐ L ☐ B
- ☐ Arterial - Upper Extremity ☐ R ☐ L ☐ B
- ☐ Renal Artery

MSK ULTRASOUND

*By appointment

- ☐ Rotator Cuff ☐ R ☐ L ☐ B
- ☐ Elbow ☐ R ☐ L ☐ B
- ☐ Wrist ☐ R ☐ L ☐ B
- ☐ Hip ☐ R ☐ L ☐ B
- ☐ Knee ☐ R ☐ L ☐ B
- ☐ Ankle ☐ R ☐ L ☐ B
- ☐ Achilles ☐ R ☐ L ☐ B
- ☐ Other: ____________

BONE MINERAL DENSITY

*By appointment

- ☐ Baseline Study
- ☐ Follow Up

☐ **I declare, to the best of my knowledge, that I am NOT presently pregnant.** ____________

X-RAY

HEAD & NECK

- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses
- ☐ Adenoids
- ☐ Facial Bones
- ☐ Eye for F.B.
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ TMJ - Temporomandibular Jt

CHEST

- ☐ Immigration Chest
- ☐ Chest PA & LAT
- ☐ Ribs ☐ R ☐ L ☐ B *(includes PA chest)*
- ☐ Sternoclavicular Joints
- ☐ Sternum
- ☐ Other: ____________

ABDOMINAL

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

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Sacrum / Coccyx
- ☐ S.I. Joints
- ☐ Pelvis

LOWER EXTREMITIES

R L

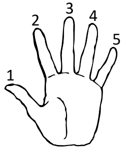
- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tib. & Fib.
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Heel
- ☐ ☐ Toe: 1 2 3 4 5

☐ **OTHER X-RAY:** ____________

UPPER EXTREMITIES

R L

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



CARDIOLOGY

*By appointment

☐ **12-LEAD ELECTROCARDIOGRAM (ECG)**
☐ **HOLTER MONITORING**
A. ☐ ___ hours B. ☐ 48 hours C. ☐ 1 Week D. ☐ 2 Weeks
☐ **24HR BP MONITOR ($80.00 cash fee required)**
☐ **ECHOCARDIOGRAM (COLOUR DOPPLER)**

Please select one of the following indications:

- ☐ Chest pain suspicious of CAD
- ☐ Congestive heart failure
- ☐ Palpitations / arrhythmias
- ☐ Other: ____________
- ☐ Murmur
- ☐ Hypertension
- ☐ Syncope

Clinical Information: ______________________

____

Referring Physician: ______________ ______________ Fax #: ____________
Print Name Signature

Copy To: ______________ Fax #: ____________
Print Name

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.

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 / PELVIS
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.
Do not empty bladder before examination.

OBSTETRICS / PELVIS
Drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.
Do not empty bladder before examination.

PROSTATE (TRANSRECTAL)
Fleet enema 2 hours prior to the examination (kit may be purchased at your pharmacy). Drink 20 oz of water FINISHED 1 hour prior to appointment.

OTHER
No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

CARDIOLOGY

HOLTER MONITORING OR EVENT RECORDING
Please do not put any cream/lotion on your chest.
Wear loose, comfortable clothing. Bring 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 current list of medications.

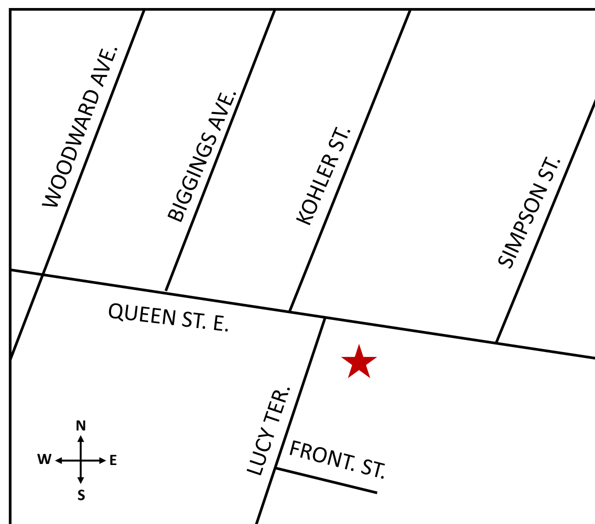
BONE MINERAL DENSITY

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

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

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

PLEASE DO NOT WEAR ANY SCENTED PRODUCTS



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