MyHealth | CENTRE

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

PATIENT INFORMATION:

PATIENT'S FULL NAME: ______________________ DATE OF BIRTH: ____________ ☐ F ☐ M

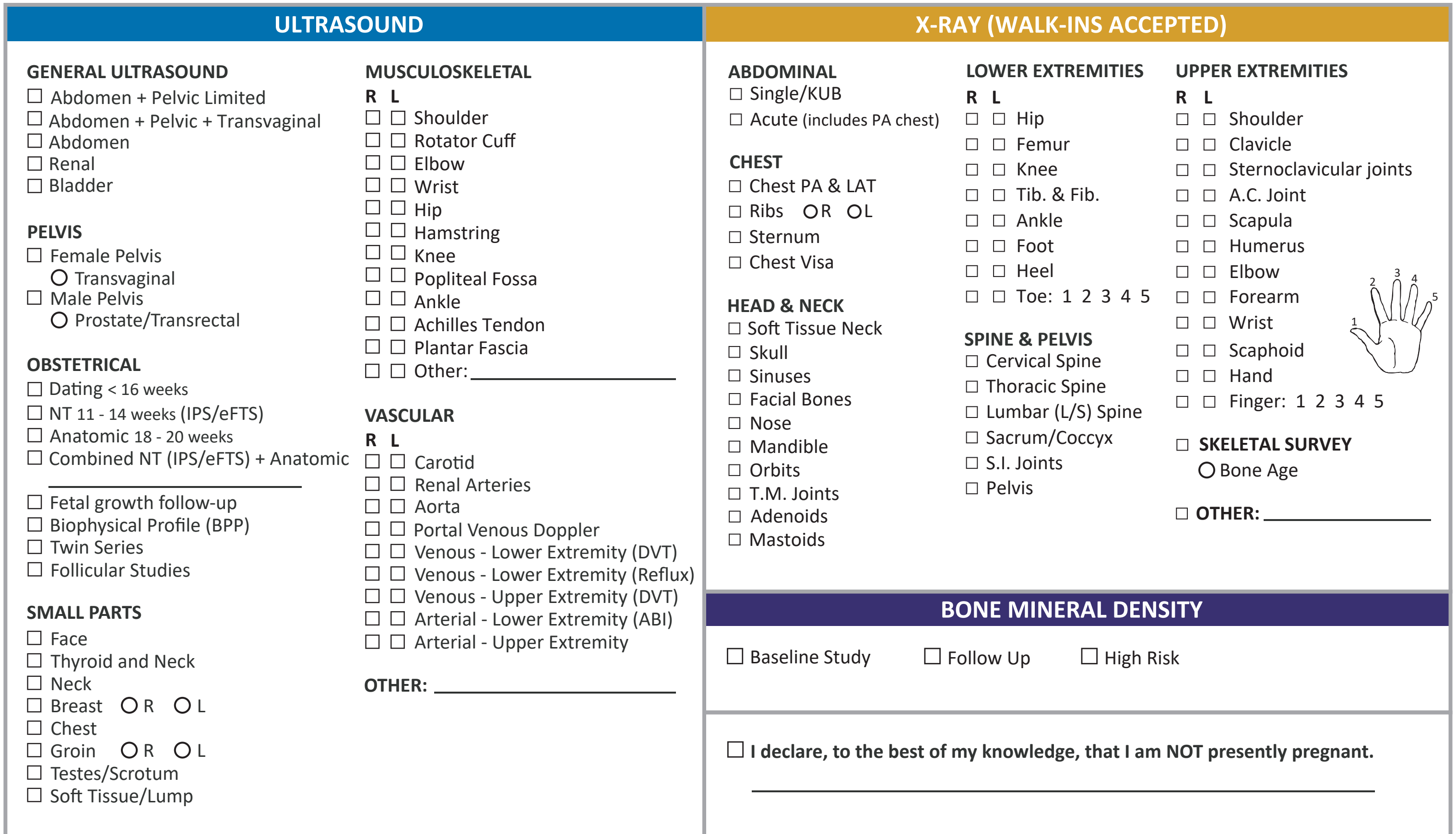
ADDRESS: ______________________

TELEPHONE #: ______________________ HEALTH CARD #: ______________________

APPOINTMENT DATE: ______________ TIME: ________ LMP: ________ WEIGHT: ________

*Note: Please see back for patient instructions and directions

Check if applicable ☐ URGENT



ULTRASOUND

GENERAL ULTRASOUND
- ☐ Abdomen + Pelvic Limited
- ☐ Abdomen + Pelvic + Transvaginal
- ☐ Abdomen
- ☐ Renal
- ☐ Bladder

PELVIS
- ☐ Female Pelvis
  - ○ Transvaginal
- ☐ Male Pelvis
  - ○ Prostate/Transrectal

OBSTETRICAL
- ☐ Dating < 16 weeks
- ☐ NT 11 - 14 weeks (IPS/eFTS)
- ☐ Anatomic 18 - 20 weeks
- ☐ Combined NT (IPS/eFTS) + Anatomic
- ______________
- ☐ Fetal growth follow-up
- ☐ Biophysical Profile (BPP)
- ☐ Twin Series
- ☐ Follicular Studies

SMALL PARTS
- ☐ Face
- ☐ Thyroid and Neck
- ☐ Neck
- ☐ Breast ○ R ○ L
- ☐ Chest
- ☐ Groin ○ R ○ L
- ☐ Testes/Scrotum
- ☐ Soft Tissue/Lump

MUSCULOSKELETAL

R L
- ☐ ☐ Shoulder
- ☐ ☐ Rotator Cuff
- ☐ ☐ Elbow
- ☐ ☐ Wrist
- ☐ ☐ Hip
- ☐ ☐ Hamstring
- ☐ ☐ Knee
- ☐ ☐ Popliteal Fossa
- ☐ ☐ Ankle
- ☐ ☐ Achilles Tendon
- ☐ ☐ Plantar Fascia
- ☐ ☐ Other: ______________

VASCULAR

R L
- ☐ ☐ Carotid
- ☐ ☐ Renal Arteries
- ☐ ☐ Aorta
- ☐ ☐ Portal Venous Doppler
- ☐ ☐ Venous - Lower Extremity (DVT)
- ☐ ☐ Venous - Lower Extremity (Reflux)
- ☐ ☐ Venous - Upper Extremity (DVT)
- ☐ ☐ Arterial - Lower Extremity (ABI)
- ☐ ☐ Arterial - Upper Extremity

OTHER: ______________

X-RAY (WALK-INS ACCEPTED)

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

CHEST
- ☐ Chest PA & LAT
- ☐ Ribs ○ R ○ L
- ☐ Sternum
- ☐ Chest Visa

HEAD & NECK
- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ T.M. Joints
- ☐ Adenoids
- ☐ Mastoids

LOWER EXTREMITIES

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

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

UPPER EXTREMITIES

R L
- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ Sternoclavicular joints
- ☐ ☐ A.C. Joint
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Finger: 1 2 3 4 5

☐ **SKELETAL SURVEY**
- ○ Bone Age

☐ **OTHER:** ______________

BONE MINERAL DENSITY

☐ Baseline Study ☐ Follow Up ☐ High Risk

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

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Clinical Information: ______________________

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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

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.

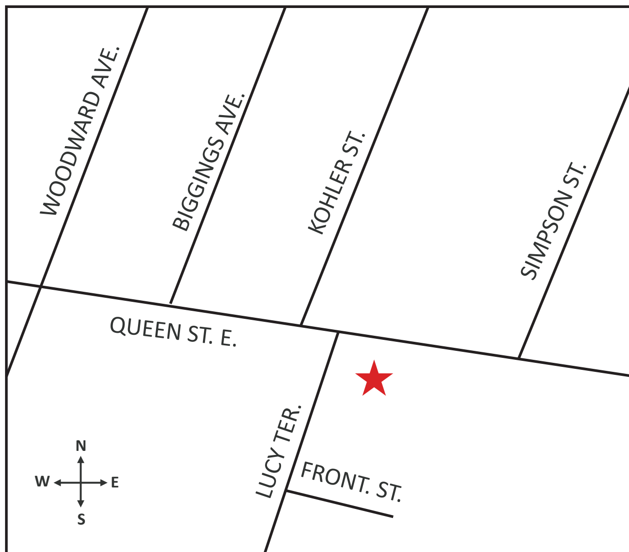
BONE MINERAL DENSITY

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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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

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