

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ **URGENT**

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____ Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Reason for Referral:

CARDIOLOGY

- ☐ 12-Lead Electrocardiogram (Rest ECG) - **No appointment necessary**
- ☐ Exercise Stress Test (GXT)
- ☐ Coronary CT Calcium Score (**Not insured by OHIP**) - Mississauga PET/CT
- ☐ Holter Monitoring with 12-Lead Electrocardiogram (ECG)
 - ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ Other: _____
- ☐ 24hr BP Monitor (**Not insured by OHIP**)
- ☐ Echocardiogram (Colour Doppler)
 - ☐ Chest pain suspicious of CAD ☐ Murmur
 - ☐ Congestive heart failure ☐ Palpitations/arrhythmias
 - ☐ Hypertension ☐ Syncope
 - ☐ Other: _____
- ☐ Contrast Echocardiogram
- ☐ Bubble Study

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

- ☐ Exercise
- ☐ Persantine

VENTRICULAR FUNCTION

- ☐ Resting (MUGA)

CARDIOLOGY CONSULTATION

CONSULTATION REQUESTED

- ☐ First Available
- ☐ Dr. C. Hourtovenko ☐ Dr. A. Kumar ☐ Dr. J. Hilal (**Internal Medicine**)

Indication(s) for consultation:

- ☐ Abnormal Exercise/Rest ECG ☐ Rule out CAD (CRF with symptoms)
- ☐ Atypical (variant) Angina/SOBOE ☐ Post M.I.
- ☐ Typical Angina ☐ Other: _____

Please Attach: Medications, Previous Tests, Family & Social History

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

CARDIOLOGY

ECHOCARDIOGRAPHY: A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

EXERCISE STRESS TEST: Discontinue erectile dysfunction medication for 1 week before your test. Bring a list of all your current medications. Wear soft sole shoes and comfortable clothing.

Total test time: Approximately 30 minutes

HOLTER MONITORING: Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring a list of all your current medications. Please note: a shower/bath is not permitted during the recording period.

BLOOD PRESSURE MONITORING: Please wear a shirt/blouse with short or loose-fitting sleeves. Bring a list of all your current medications.

CARDIOLOGY CONSULTATION

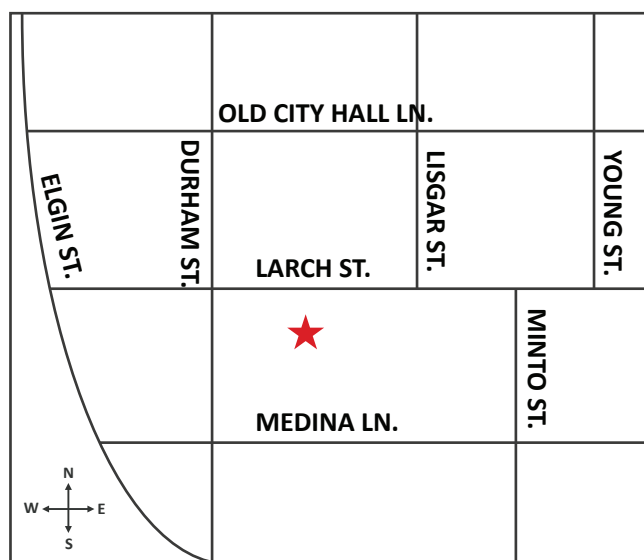
Bring a list of all your current medications.

NUCLEAR CARDIOLOGY

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) but do not to eat anything for 1 hour before your test.
2. Discontinue all caffeine products for 24 hours before your 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 eat a light meal 1 hour before the test.
4. Wear loose fitting clothing (e.g. t-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all your current medications. Check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers, such as Metoprolol or Atenolol, as well as Calcium Channel Blockers, such as Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) for 48 hours before your 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.



SUDBURY LARCH (CARDIOLOGY)

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CLINIC HOURS:

Monday-Friday, 8:00am-4:00pm



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