

✓ Brantford
✓ London Southdale

✓ Delhi
✓ London Wharncliffe

✓ London Arva
✓ Simcoe

✓ London Fanshawe

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

- | | |
|---|---|
| <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)
<input type="checkbox"/> Exercise Stress Test (GXT)
<input type="checkbox"/> Coronary CT Calcium Score (Not insured by OHIP) - Mississauga PET/CT
<input type="checkbox"/> Holter Monitoring
<input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs
<input type="radio"/> Other: _____
<input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP)
<input type="checkbox"/> Cardio-Pulmonary Testing - Simcoe
<input type="radio"/> Pre & Post Spirometry
<input type="radio"/> Full Pulmonary Function Test
<input type="radio"/> Include Respiratory Consult | <input type="checkbox"/> Echocardiogram (Colour Doppler)
<input type="radio"/> Chest pain suspicious of CAD
<input type="radio"/> Congestive heart failure
<input type="radio"/> Hypertension
<input type="radio"/> Murmur
<input type="radio"/> Palpitations/arrhythmias
<input type="radio"/> Syncope
<input type="radio"/> Other: _____
<input type="checkbox"/> Contrast Echocardiogram |
|---|---|

CARDIOLOGY CONSULTATION

- ☐ First Available ☐ Consult if Test Result is Positive/Abnormal
☐ Dr. _____

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

NUCLEAR CARDIOLOGY

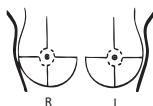
- | | | |
|--|--|--|
| MYOCARDIAL PERFUSION
<input type="checkbox"/> Exercise
<input type="checkbox"/> Persantine
<input type="checkbox"/> Dobutamine | MYOCARDIAL VIABILITY
<input type="checkbox"/> Viability Study (Thallium) | VENTRICULAR FUNCTION
<input type="checkbox"/> Resting (MUGA) - Simcoe |
|--|--|--|

NUCLEAR MEDICINE (SIMCOE)

- | | |
|---|---|
| BONE SCAN
<input type="checkbox"/> Total Body
<input type="checkbox"/> Specific Site: _____
<input type="checkbox"/> SPECT
GALLIUM
<input type="checkbox"/> Total Body
<input type="checkbox"/> Specific Site: _____
<input type="checkbox"/> SPECT
GASTROINTESTINAL
<input type="checkbox"/> Gallbladder/Biliary Scan
<input type="checkbox"/> Gastric Emptying Scan
<input type="checkbox"/> Liver/Spleen Scan
<input type="checkbox"/> Hemangioma Scan
<input type="checkbox"/> G.I. Bleeding Scan
<input type="checkbox"/> Meckel's Scan | ENDOCRINE
<input type="checkbox"/> Thyroid Scan Only
<input type="checkbox"/> Thyroid Uptake & Scan
<input type="checkbox"/> Parathyroid
<input type="radio"/> Hyperthyroidism
<input type="radio"/> Other: _____
RENAL
<input type="checkbox"/> Captopril Renal
<input type="checkbox"/> Lasix Renal
<input type="checkbox"/> Renal Function (Baseline)
MISCELLANEOUS
<input type="checkbox"/> Brain Perfusion SPECT
<input type="checkbox"/> V/Q Lung Scan
<input type="checkbox"/> Salivary Scan |
|---|---|

MAMMOGRAPHY & BONE MINERAL DENSITY

- ☐ Mammogram ☐ R ☐ L ☐ Implants
☐ Ontario Breast Screening Program (OBSP) 50-74 yrs of age
☐ Biopsy if Mammogram/OBSP result is positive for malignancy
BONE MINERAL DENSITY
☐ Baseline Study ☐ Follow Up ☐ High Risk ☐ Routine



ULTRASOUND

GENERAL ULTRASOUND

- ☐ Abdomen + Pelvis (Incl. reproductive organs)
☐ Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
☐ Kidneys
☐ Bladder
☐ Other: _____

PELVIS

- ☐ Female Pelvis (Incl. Transvaginal)
☐ Male Pelvis (Excl. Transrectal)
☐ Prostate (Incl. Transrectal)

OBSTETRICAL

- ☐ Dating (< 16 weeks)
☐ Prenatal Screening (IPS/eFTS) 11-14 weeks
☐ Anatomic 18-20 weeks
☐ Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
☐ Fetal growth follow-up
☐ Biophysical Profile (BPP)
☐ Follicular Studies

SMALL PARTS

- ☐ Face
☐ Thyroid and Neck
☐ Neck
☐ Female Breast ☐ R ☐ L
☐ Male Breast - Bilateral
☐ 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: _____

US GUIDED PROCEDURES

- ☐ Biopsy - Thyroid FNA - **London Wharncliffe**
☐ Sonohysterogram - **London Fanshawe**

VASCULAR

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

X-RAY (WALK-IN SERVICE)

ABDOMINAL

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

CHEST

- ☐ Chest PA & LAT
☐ Ribs ☐ OR ☐ OL
☐ Sternum
☐ Chest Visa

HEAD & NECK

- ☐ Soft Tissue Neck
☐ Skull
☐ Sinuses (Not insured by OHIP)
☐ 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
☐ Scoliosis Series

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:** _____



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.
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BRANTFORD	DELHI
<p>40 Shellington Place, Suite 101 Brantford, ON N3S 0C5 Brantford Medical Centre off Highway 403, Garden Avenue/Cainsville exit</p> <p>T: 519-805-3560 F: 519-805-3561 E: brantford@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>	<p>105 Main Street Delhi, ON N4B 2L8 Delhi Community Health Centre on Main Street, north of King Street</p> <p>T: 519-428-1243 F: 519-428-2445 E: delhi@myhealthcentre.ca</p> <p>SERVICES: Ultrasound, Vascular Ultrasound</p>
LONDON ARVA	LONDON FANSHAWE
<p>21589 Richmond Street Arva, ON N0M 1C0 Richmond Street, north of the London Masonville Mall</p> <p>T: 519-672-0070 F: 519-850-0144 E: london_arva@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Prenatal Screening, Ultrasound</p>	<p>1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road</p> <p>T: 519-439-5555 F: 519-266-2206 E: london_fanshawe@myhealthcentre.ca</p> <p>SERVICES: Bone Mineral Density, Fertility & IVF, Gynecology Consultation, Mammography, Myocardial Perfusion Imaging, Pain Injection & Management, Prenatal Screening, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>
LONDON SOUTHDAL	LONDON WHARNCLIFFE (CARDIOLOGY)
<p>510 Southdale Road East, Suite 103 London, ON N6E 0B2 Nixon Medical Centre at the corner of Nixon and Southdale Road</p> <p>T: 226-663-2933 F: 226-663-4561 E: london_southdale@myhealthcentre.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>279 Wharncliffe Road North, Suite 210 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-858-7476 F: 519-266-6739 E: london_wharncliffe_cardiology@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>
LONDON WHARNCLIFFE (IMAGING)	SIMCOE
<p>279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-661-0275 F: 519-661-0616 E: london_wharncliffe_radiology@myhealthcentre.ca</p> <p>SERVICES: Biopsy (Thyroid), Bone Mineral Density, Mammography & OBSP, Pain Injection & Management, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street</p> <p>T: 519-428-1243 F: 519-428-2445 E: simcoe@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Bone Mineral Density, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Testing, Holter Monitoring, Myocardial Perfusion Imaging, Nuclear Medicine, Prenatal Screening, Pulmonary Function, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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