

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: _____

ULTRASOUND
GENERAL ULTRASOUND

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

*Baseline abdominal ultrasound may
be performed

PELVIS

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

OBSTETRICAL

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

MUSCULOSKELETAL

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

SMALL PARTS

- ☐ Face
- ☐ Thyroid and Neck
- ☐ Neck
- ☐ Female Breast* ☐ R ☐ L
- ☐ Male Breast - Bilateral*
- ☐ Chest
- ☐ Groin ☐ R ☐ L
- ☐ Inguinal Canal ☐ R ☐ L
- ☐ Testes/Scrotum
- ☐ Soft Tissue/Lump

*This is not an approved cancer screening
tool (CCO). Mammogram/OBSP is
recommended.

CARDIOLOGY

- ☐ 12-Lead Electrocardiogram (Rest ECG)
- ☐ Exercise Stress Test (GXT)
- ☐ Include Consultation
- ☐ Holter Monitoring
- ☐ 24 hrs
- ☐ 48 hrs
- ☐ 72 hrs
- ☐ Other: _____
- ☐ 24hr BP Monitor (Not insured by OHIP)
- ☐ Contrast Echocardiogram
- ☐ Echocardiogram (Colour Doppler)
- ☐ Chest pain suspicious of CAD
- ☐ Congestive heart failure
- ☐ Hypertension
- ☐ Murmur
- ☐ Palpitations/arrhythmias
- ☐ Syncope
- ☐ Other: _____

INTERNAL MEDICINE CONSULTATION

- ☐ First Available Internist
- ☐ Dr. S. Jindal ☐ Dr. D. Johnstone ☐ Dr. T. Ryan
- ☐ Dr. _____

Please Attach: Letter outlining reason for consultation, medication list, previous tests,
family and social history

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSP #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

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

ULTRASOUND

ABDOMEN: No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

PELVIC: You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

ABDOMEN & PELVIC: No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

OBSTETRIC: You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

PROSTATE (TRANSRECTAL): Use a Fleet enema 2 hours before the examination (kit may be purchased at your pharmacy). You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment.

RENAL: No eating or drinking for 3 hours before your appointment.

RENAL & BLADDER: No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

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

ULTRASOUND (CHILDREN AGES 0-17 YEARS)

ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.

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.

INTERNAL MEDICINE CONSULTATION

Bring a list of all your current medications.



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