MyHealth | CENTRE

REQUEST FOR EXAMINATION – HUNTSVILLE

Huntsville Professional Building
348 Muskoka District Road 3, Suite 202
Huntsville, ON P1H 1H8
T: 705-787-1491 | F: 705-789-9698 | E: huntsville@myhealthcentre.ca

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)

OBSTETRICAL

EDC (Required): _____
- ☐ Dating (< 16 weeks)

SMALL PARTS
- ☐ Face
- ☐ Thyroid and Neck
- ☐ Neck
- ☐ Female Breast** ○ R ○ L
- ☐ Male Breast - Bilateral**
- ☐ 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.

MUSCULOSKELETAL

R L
- ☐ ☐ Shoulder
- ☐ ☐ Rotator Cuff
- ☐ ☐ Knee
- ☐ ☐ Popliteal Fossa
- ☐ ☐ Achilles Tendon
- ☐ ☐ Other: _____

VASCULAR

R L
- ☐ ☐ Venous - Lower Extremity (DVT)
- ☐ ☐ Venous - Upper Extremity (DVT)
- ☐ Carotid

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

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)

- ☐ Echocardiogram (Colour Doppler)
  - ○ Chest pain suspicious of CAD
  - ○ Congestive heart failure
  - ○ Hypertension
  - ○ Murmur
  - ○ Palpitations/arrhythmias
  - ○ Syncope
  - ○ 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: _____

Please see the back of this form for test preparation instructions, or visit MyHealthCentre.ca

ACCREDITED WITH COMMENDATION
ACCREDITATION CANADA
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Canada's Top Growing Companies
REPORT ON BUSINESS

All our services require a scheduled appointment.
Please contact us within 24 hours if you need to reschedule or cancel your appointment.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

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 you 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.

INTERNAL MEDICINE CONSULTATION

Bring a list of all your current medications.

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.

Visit MyHealthCentre.ca

- ✓ Clinic hours & services
- ✓ Chat live & book appointment online
- ✓ Test preparation in 20+ languages
- ✓ PET/CT and other specialty requisitions
- ✓ Screening precautions & infection prevention control
- ✓ Express check-in to your appointment
- ✓ Access your radiology images and reports
- ✓ Satisfaction Survey

For Northern Health Travel Grant: www.health.gov.on.ca/en/public/publications/ohip/northern.aspx