

☐ Brantford
☐ London Southdale

☐ Delhi
☐ London Wharncliffe

☐ London Arva
☐ Sarnia

☐ London Fanshawe
☐ Simcoe

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

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

CARDIOLOGY

- | | |
|---|---|
| <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)
<input type="checkbox"/> Exercise Stress Test (GXT)
<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 Respirology Consult | <input type="checkbox"/> Contrast Echocardiogram
<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: _____ |
|---|---|

NUCLEAR CARDIOLOGY

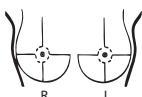
- | | | |
|---|--|---|
| MYOCARDIAL PERFUSION
<input type="checkbox"/> Exercise <input type="checkbox"/> Persantine
<input type="checkbox"/> Dobutamine | MYOCARDIAL VIABILITY
<input type="checkbox"/> Thallium Viability Study | VENTRICULAR FUNCTION
<input type="checkbox"/> Rest MUGA - Simcoe |
|---|--|---|

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"/> 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 is positive for malignancy -
- North York**
-
- BONE MINERAL DENSITY**
-
- ☐
- Baseline Study
- ☐
- Follow Up
- ☐
- High Risk


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

MUSCULOSKELETAL

- R L**
-
- ☐
- ☐
- Shoulder & Rotator Cuff
-
- ☐
- ☐
- Elbow
-
- ☐
- ☐
- Wrist
-
- ☐
- ☐
- 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/Inguinal
- ☐
- R
- ☐
- L
-
- ☐
- Testes/Scrotum
-
- ☐
- Soft Tissue/Lump

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

PELVIS

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

OBSTETRICAL

- EDC (Required):**
- _____
-
- ☐
- Dating (< 16 weeks)
-
- ☐
- Prenatal Screening (IPS/eFTS 11-14 weeks)
-
- ☐
- Anatomy (18-20 weeks)
-
- ☐
- Dual Scan Series (NT scan 11-14 weeks
-
- + Anatomical 18-20 weeks)
-
- ☐
- Fetal Growth (30+ weeks)
-
- ☐
- BPP
- ☐
- UA Doppler
- ☐
- MCA Doppler
-
- ☐
- Biophysical Profile (BPP)
-
- ☐
- Follicular Study

NEONATAL

- ☐
- Hip (6 weeks-6 months)
-
- ☐
- Pyloric Stenosis (Birth-6 months)
-
- ☐
- Spine (Birth-4 months)

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 (Incl. PA chest)

CHEST

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

HEAD & NECK

- ☐
- Soft Tissue Neck
-
- ☐
- Skull
-
- ☐
- Sinuses (Not insured by OHIP)
-
- ☐
- Facial Bones
-
- ☐
- Nose
-
- ☐
- Mandible
-
- ☐
- Orbits
-
- ☐
- T.M. Joints
-
- ☐
- Adenoids

LOWER EXTREMITIES

- R L**
-
- ☐
- ☐
- Hip
-
- ☐
- ☐
- Femur
-
- ☐
- ☐
- Arthritic Knee
-
- (Incl. contra-lateral)
-
- ☐
- ☐
- Knee
-
- ☐
- ☐
- Tib. & Fib.
-
- ☐
- ☐
- Ankle
-
- ☐
- ☐
- Foot
-
- ☐
- ☐
- Calcaneus
-
- ☐
- ☐
- Toe: 1 2 3 4 5

SPINE & PELVIS

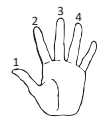
- ☐
- Cervical Spine
-
- ☐
- Thoracic Spine
-
- ☐
- Lumbar (L/S) Spine
-
- ☐
- Sacrum/Coccyx
-
- ☐
- S.I. Joints
-
- ☐
- Pelvis
-
- ☐
- Scoliosis Series

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.
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**.

BRANTFORD	DELHI	LONDON ARVA
<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: Prenatal Screening, Ultrasound, Vascular Ultrasound</p>	<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>
LONDON FANSHAWE	LONDON SOUTHDAL	LONDON WHARNCLIFFE (CARDIOLOGY)
<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, Mammography, Nuclear Cardiology, Pain Injection, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<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)	SARNIA	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: Bone Mineral Density, Mammography & OBSP, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>481 London Road, Suite B-101 Sarnia, ON N7T 4X3 Beside Bluewater Health at Norman and London</p> <p>T: 519-336-8110 F: 1-800-507-3880 E: sarnia_london@myhealthcentre.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, 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 Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Pulmonary Function Test, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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