

Brantford
 London Southdale

Delhi
 London Wharnclyffe

London Arva
 Sarnia

London Fanshawe
 Simcoe

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: **URGENT**

Full Name (Birth): _____
Preferred Full Name (If Different from Birth): _____
Address: _____
City: _____ Prov.: _____ Postal Code: _____
Cell Phone: _____ Alt. Phone: _____
Date of Birth: _____ Health Card #: _____ Version: _____
Gender (Birth): _____ Preferred Gender (If Different from Birth): _____
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"/> Echocardiogram (Colour Doppler)
<input type="checkbox"/> Exercise Stress Test (GXT)	<input type="checkbox"/> Contrast Echocardiogram
<input type="checkbox"/> Holter Monitoring	<input type="checkbox"/> Chest pain suspicious of CAD
<input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs	<input type="checkbox"/> Congestive heart failure
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hypertension
<input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP)	<input type="checkbox"/> Murmur
<input type="checkbox"/> Pulmonary Function Testing - Simcoe	<input type="checkbox"/> Palpitations/arrhythmias
<input type="checkbox"/> Pre & Post Spirometry	<input type="checkbox"/> Syncope
<input type="checkbox"/> Full Pulmonary Function Test	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Include Respiriology Consult	

NUCLEAR CARDIOLOGY

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

X-RAY (WALK-IN SERVICE)

ABDOMINAL	LOWER EXTREMITIES	UPPER EXTREMITIES
<input type="checkbox"/> Single/KUB	R L	R L
<input type="checkbox"/> Acute (Incl. PA chest)	<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder
CHEST	<input type="checkbox"/> Femur	<input type="checkbox"/> Clavicle
<input type="checkbox"/> Chest PA & LAT	<input type="checkbox"/> Arthritic Knee (Incl. contra-lateral)	<input type="checkbox"/> Sternoclavicular joints
<input type="checkbox"/> Ribs OR OL	<input type="checkbox"/> Knee	<input type="checkbox"/> A.C. Joint
<input type="checkbox"/> Sternum	<input type="checkbox"/> Tib. & Fib.	<input type="checkbox"/> Scapula
<input type="checkbox"/> Chest Visa	<input type="checkbox"/> Ankle	<input type="checkbox"/> Humerus
HEAD & NECK	<input type="checkbox"/> Foot	<input type="checkbox"/> Elbow
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Calcaneus	<input type="checkbox"/> Forearm
<input type="checkbox"/> Skull	<input type="checkbox"/> Toe: 1 2 3 4 5	<input type="checkbox"/> Wrist
<input type="checkbox"/> Sinuses (Not insured by OHIP)	SPINE & PELVIS	<input type="checkbox"/> Scaphoid
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Hand
<input type="checkbox"/> Nose	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Finger: 1 2 3 4 5
<input type="checkbox"/> Mandible	<input type="checkbox"/> Lumbar (L/S) Spine	OTHER
<input type="checkbox"/> Orbits	<input type="checkbox"/> Sacrum/Coccyx	<input type="checkbox"/> Skeletal Survey
<input type="checkbox"/> T.M. Joints	<input type="checkbox"/> S.I. Joints	<input type="checkbox"/> Bone Age
<input type="checkbox"/> Adenoids	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Indicate: _____
	<input type="checkbox"/> Scoliosis Series	



BONE MINERAL DENSITY

Baseline Follow Up

ULTRASOUND

GENERAL ULTRASOUND

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

*Baseline abdominal ultrasound may be performed

MUSCULOSKELETAL

R L

Shoulder
 Elbow
 Wrist
 Hip
 Hamstring
 Knee
 Ankle/Achilles Tendon/Plantar Fascia (circle one above)
 Other: _____

SMALL PARTS

Salivary Glands
 Thyroid
 Chest
 Groin R L
 Inguinal Canal R L
 Testes/Scrotum
 Soft Tissue/Lump (specify site): _____

PELVIS

Female Pelvis (Incl. Transvaginal)
 Male Pelvis (Excl. Transrectal)

OBSTETRICAL

EDC (Required): _____

Dating (< 16 weeks)
 Prenatal Screening (IPS/eFETS 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)

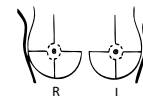
VASCULAR

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: _____

BREAST ULTRASOUND & MAMMOGRAPHY

Targeted Breast Ultrasound* R L (indicate quadrant on diagram)
 Mammogram R L Implants
 Ontario Breast Screening Program (OBSP) 50-74 yrs of age



*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.

NUCLEAR MEDICINE (SIMCOE)

BONE SCAN

Total Body
 Specific Site: _____

GASTROINTESTINAL

Gallbladder/Biliary Scan
 Solid Gastric Emptying Scan
 GI Bleeding Scan

GALLIUM

Total Body
 Specific Site: _____

ENDOCRINE

Thyroid Uptake & Scan
 Parathyroid

RENAL

Renal Scan with Differential Function
 Lasix Renal
 Captopril Renal

MISCELLANEOUS

V/Q Lung Scan
 Salivary Scan
 Lacrimal Scan
 Sentinel Node

REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____ (Print Name) _____ (Signature)
Billing Provider #: _____ CPSO #: _____
Tel #: _____ Fax #: _____
Date: _____ Copy To: _____
Report Delivery Preference: Fax HRM Other: _____

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BRANTFORD	DELHI	LONDON ARVA
<p>Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5 – MyHealth Centre is now WELL Health Medical Centres</p> <p>T: 519-805-3560 F: 519-805-3561 E: brantford@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Contrast Echo, 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: 1-888-265-6010 E: delhi@myhealthcentre.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound</p>	<p>21589 Richmond Street Arva, ON NOM 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, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Prenatal Screening, Ultrasound</p>
LONDON FANSHAWE	LONDON SOUTHDALE	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 & OBSP, 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, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>
LONDON WHARNCLIFFE (RADIOLOGY)	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, 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: 1-888-265-6010 E: simcoe@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Bone Mineral Density, Cardiology Consultation, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Pulmonary Function Test, Respiriology Consultation, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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