

- Brantford
- London Southdale

- Delhi
- London Wharncliffe

- 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 - <b>Simcoe</b>	<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 Respirology Consult	

**NUCLEAR CARDIOLOGY**

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

**X-RAY (WALK-IN SERVICE)**

<b>ABDOMINAL</b>	<b>LOWER EXTREMITIES</b>	<b>UPPER EXTREMITIES</b>
<input type="checkbox"/> Single/KUB	<b>R L</b>	<b>R L</b>
<input type="checkbox"/> Acute (Incl. PA chest)	<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder
<b>CHEST</b>	<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
<b>HEAD &amp; NECK</b>	<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)	<b>SPINE &amp; PELVIS</b>	<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	<b>OTHER</b>
<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/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: \_\_\_\_\_

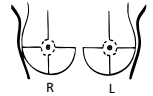
**OTHER:** \_\_\_\_\_

**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

Sentinal Node

**PET/CT – Mississauga**

Visit [MyHealthCentre.ca/Refer](http://MyHealthCentre.ca/Refer) for PET/CT requisition

**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: \_\_\_\_\_

Access your patient radiology reports at [MyHealthCentre.ca/Access](http://MyHealthCentre.ca/Access)

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BRANTFORD	DELHI	LONDON ARVA
<p>Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5 – MyHealth is now WELL Health Medical Centres</p> <p><b>T: 519-805-3560   F: 519-805-3561</b> <b>E: <a href="mailto:brantford@myhealthcentre.ca">brantford@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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><b>T: 519-428-1243   F: 519-428-2445</b> <b>E: <a href="mailto:delhi@myhealthcentre.ca">delhi@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Prenatal Screening, Ultrasound, Vascular Ultrasound</p>	<p>21589 Richmond Street Arva, ON N0M 1C0 Richmond Street, north of the London Masonville Mall</p> <p><b>T: 519-672-0070   F: 519-850-0144</b> <b>E: <a href="mailto:london_arva@myhealthcentre.ca">london_arva@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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><b>T: 519-439-5555   F: 519-266-2206</b> <b>E: <a href="mailto:london_fanshawe@myhealthcentre.ca">london_fanshawe@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; 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><b>T: 226-663-2933   F: 226-663-4561</b> <b>E: <a href="mailto:london_southdale@myhealthcentre.ca">london_southdale@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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><b>T: 519-858-7476   F: 519-266-6739</b> <b>E: <a href="mailto:london_wharncliffe_cardiology@myhealthcentre.ca">london_wharncliffe_cardiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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><b>T: 519-661-0275   F: 519-661-0616</b> <b>E: <a href="mailto:london_wharncliffe_radiology@myhealthcentre.ca">london_wharncliffe_radiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; 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><b>T: 519-336-8110   F: 1-800-507-3880</b> <b>E: <a href="mailto:sarnia_london@myhealthcentre.ca">sarnia_london@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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><b>T: 519-428-1243   F: 519-428-2445</b> <b>E: <a href="mailto:simcoe@myhealthcentre.ca">simcoe@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> 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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