

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 Cardiology Referral:
 Chest pain Palpitations/Arrhythmias
 CHF Risk Stratification for CAD
 Hypertension Shortness of Breath
 Murmur Syncope
 Other: _____

Reason for Imaging Referral:

CARDIOLOGY CONSULTATION

Cardiology Consultation

Please Attach: Medications, Previous Cardiology Tests, Blood Work, Family & Social History

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

Exercise Persantine Dobutamine
 Cardiology Consultation if Test Result is Positive/Abnormal

CARDIOLOGY INVESTIGATIONS

12-Lead Electrocardiogram (Rest ECG)
 Exercise Stress Test (GXT)
 Holter Monitoring 24 hrs 48 hrs 72 hrs Other: _____
 Echocardiogram (Colour Doppler)
 Contrast Echocardiogram
 24hr BP Monitor (Not insured by OHIP)

Cardiology Consultation if Test Result is Positive/Abnormal

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 WELLdiagnostics.ca/Access

X-RAY (WALK-IN SERVICE)

ABDOMINAL

Single/KUB
 Acute (Incl. PA chest)

CHEST

Chest PA & LAT
 Ribs OR OL
 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
 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



OTHER

Skeletal Survey
 Bone Age
 Indicate: _____

ULTRASOUND

GENERAL ULTRASOUND

Abdomen + Pelvis (Incl. reproductive organs)
 Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
 Kidneys*
 Bladder
 Hernia (specify site): _____
 *Baseline abdominal ultrasound may be performed

OBSTETRICAL

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

SMALL PARTS

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

PELVIS

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

MUSCULOSKELETAL

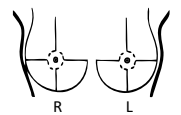
R L
 Shoulder
 Elbow
 Wrist
 Hip
 Hamstring
 Knee
 Ankle/Achilles Tendon/
 Plantar Fascia (circle one)

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
 Aorta: _____
 OTHER: _____

MAMMOGRAPHY & WOMEN'S IMAGING

Targeted Breast Ultrasound* R L
 (indicate quadrant on diagram)
 Mammogram R L Implants
 Mammogram & Bone Mineral Density
 OR L Implants | Baseline Follow Up



*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended. This is an OBSP-accredited site.

BONE MINERAL DENSITY

Baseline Follow Up

MyHealth is now WELL Health Diagnostic Centres. We're the same team with a new name, providing the highest standard of accredited patient care!

- All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit [WELLdiagnostics.ca/Locations](https://www.wellhealthdiagnostics.ca/locations).
- We will send your diagnostic report to your referring HP (healthcare provider), who will follow-up with you. We can send it to additional HPs upon your request.

CARDIOLOGY CONSULTATION

Please bring a list of all your current medications to your appointment.

NUCLEAR CARDIOLOGY

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) but do not to eat anything for 1 hour before your test.
2. Discontinue all caffeine products for 24 hours before your test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and eat a light meal 1 hour before the test.
4. Wear loose fitting clothing (e.g. t-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all your current medications. Check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers, such as Metoprolol or Atenolol, as well as Calcium Channel Blockers, such as Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) for 48 hours before your test.

MYOCARDIAL PERFUSION IMAGING consists of 2 parts:

1. Rest Study - Takes approximately 1.5-2 hours and consists of an injection followed by imaging.
2. Stress Study - Takes approximately 2-2.5 hours and consists of a stress test, injection and imaging.

CARDIOLOGY INVESTIGATIONS

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.

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.**

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.

BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam. If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test. Patients are asked to wear clothing without zippers or metal attachments. **PLEASE DO NOT WEAR ANY SCENTED PRODUCTS.**



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