

## BRANT COMMUNITY HEALTHCARE SYSTEM FCHOCARDIOGRAM FCG HOLTER AND

## ECHOCARDIOGRAM, ECG, HOLTER AND STRESS REQUISITION

200 Terrace Hill St., Brantford ON N3R 1G9
Tel: 519-751-5599 Fax: 519-751-5582

<u>For Office Use Only:</u> Appointment Date/Time:

REFERRING C	CLINICIAN INFORMATION	PATIENT INFORMATION				
Name:		Health Card	Versio	on DOB 	Sex	
OHIP Billing Number:		First Name:		D D M M Y Y Y Y Last Name:	M F U	
OHIP BIIIING NUMBER:		rirst name:		Last Name:		
Address		Address:				
City/Prov:	Postal Code:	City/Province:		Postal Code:		
Phone:	Fax:	Phone Number:		Secondary Phone Number:		
Signature:		WSIB Claim #:		Secondary Insurance:		
Copies to:		Patient Height:		Patient Weight:		
copies to.		Patient neight:		rauent weight.		
Does Patient Re	quire Assistance?  Mechanical Lift	☐ Wheelchair ☐ Language Interprete	r - Sneci	ifv:		
		**INCOMPLETE REQUISITIONS \				
	OGRAM (18 years and older)	INCOME ELTE REGOISTIONS	MISSE	STRESS/ECG/HOLTER MONITOR		
LCHOCARDIC	OGRAM (18 years and older)			STRESS/ECG/HOLTER WONTON		
□ECHOCARI	DIOGRAM			□ EXERCISE STRESS		
□ ECHOCARI	DIOGRAM WITH CONTRAST			*patient must be able to walk on a treadmill		
□ECHOCARI	DIOGRAM WITH SALINE (Bub	ble Study)		☐ ELECTROCARDIOGRAM (ECG)		
	•	••		☐ HOLTER MONITOR ☐ 48 hr ☐ 72h	r	
STANDARD II	NDICATIONS FOR ECHOCARD	IOGRAM		INDICATIONS FOR STRESS/ECG/HOL	TER	
☐ Acute Corona	ry Syndrome	☐Post Myocardial Infarction		☐ Cardiac Rehabilitation		
☐ Baseline or Left Ventricular function surveillance for		or □Pre-Cardioversion		☐ Chest Pain		
chemotherapy		☐Pre-Pacemaker/ICD		☐ Dizzy Spells		
□Cardiac Mass		☐ Prosthetic Heart Valve		☐ Functional Capacity		
☐ Cardiomyopathy		□Aortic □Mi	itral	☐ Pacemaker/Defibrillator		
☐ Chest Pain		□Tricuspid □Pu	ulmonic	☐ Palpitations		
☐ Congenital or Inherited Structural Heart Disease		Date (year)		☐ Post Myocardial Infarction (MI)		
☐Congestive Heart Failure		☐ Pulmonary Disease		☐ Post Percutaneous Coronary		
□Dyspnea		☐ Pulmonary Embolism		☐Intervention /Coronary Artery		
□Edema		☐Stroke / TIA - Rule out sour	ce of	☐ Bypass Grafting (PCI/CABG)		
☐ Heart Murmur		embolic event		□PVC's		
☐Hypertension		☐Suspected Structural Heart	Disease	R/O Atrial Fibrillation		
☐ Infective Endocarditis		□Syncope		☐Shortness of Breath		
☐ Interventional Procedures		☐Thoracic Aortic Disease		□Syncope		
☐ Known or Suspected Mitral Valve Prolapse		☐ Valvular Regurgitation				
☐ Palpitations/ Arrhythmia		☐ Valvular Stenosis				
☐ Pericardial Dis	sease	□Other				
<b>CLINICAL HIS</b>	TORY: REASON FOR ORDER					
,						
Previous Sur	geries:					
i revious sur	<u>501103.</u>					
Related Prev	ious Imaging: 🗌 Yes 🗌 No	If yes, Where:		Please attach previous if not completed	at BGH.	
	le all relevant nationt history					