

ONTARIO CARDIO IMAGING | TO BOOK AN APPOINTMENT CALL: 9054269555

PATIENT INFORMATION

FIRST NAME _____
LAST NAME _____
HEALTH CARD NO _____
D.O.B _____
ADDRESS _____
TEL NO _____

REFERRING PHYSICIAN

REFERRING MD _____
MD SIGNATURE _____
BILLING NO _____
FAX NO _____
ADDRESS _____

PROCEDURES:

- ☐ ELECTROCARDIOGRAM (ECG)
- ☐ 2D COLOR DOPPLER ECHOCARDIOGRAPHY
 - ☐ WITH CONTRAST ☐ SALINE BUBBLE STUDY
(TO RULE OUT SHUNT)
- ☐ STRESS TEST (GXT)
- ☐ STRESS ECHOCARDIOGRAM
 - ☐ WITH CONTRAST
- ☐ HOLTER MONITORING
 - ☐ 48HRS ☐ 72HRS ☐ 1 WEEK ☐ 2 WEEKS
- ☐ 24HRS AMBULATORY BLOOD PRESSURE MONITORING
(NOT COVERED BY OHIP CHARGE \$75)

CARDIOLOGY CONSULTATION:

- ☐ URGENT 1-2 WEEKS
- ☐ SEMI-URGENT 2-4 WEEKS
- ☐ CONSULT IF ABNORMAL TEST

INDICATIONS FOR TESTING:

- ☐ CHEST PAIN
- ☐ PALPITATIONS/ARRHYTHMIAS
- ☐ SHORTNESS OF BREATH
- ☐ DIZZINESS/PRE-SYNCOPE
- ☐ SYNCOPE/HISTORY OF SYNCOPE
- ☐ HYPERTENSION/HYPERTENSIVE HEART DISEASE
- ☐ HIGH CARDIOVASCULAR RISK
- ☐ CORONARY ARTERY DISEASE/HISTORY OF MI/PCI/CABG
- ☐ CARDIAC MURMURS/VALVULAR HEART DISEASE
- ☐ ABNORMAL ECG
- ☐ STROKE/TIA

HISTORY/CLINICAL INFORMATION :

CARDIOVASCULAR RISK REDUCTION PROGRAM

RISK FACTORS: (CHECK APPROPRIATE BOXES)

- ☐ HYPERTENSION
- ☐ DIABETES MELLITUS
- ☐ OBESITY
- ☐ DYSLIPIDEMIA

- ☐ FAMILY HISTORY
- ☐ SMOKING HISTORY
- ☐ AGE
- ☐ ETHNICITY

- ☐ HIGH STRESS
- ☐ POOR DIET
- ☐ SEDENTARY LIFESTYLE
- ☐ METABOLIC SYNDROME