

CARDIOLOGY REQUISITION FORM

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:

URGENT

- CARDIOLOGY CONSULTATION
- INTERNAL MEDICINE CONSULTATION
- ECG
- ADULT ECHOCARDIOGRAM
- TREADMILL STRESS ECHO/CONSULT

- HOLTER 48 HRS
- HOLTER 72 HOURS
- 24 HRS AMBULATORY BLOOD PRESSURE MONITORING
(NOT COVERED BY OHIP)

- NUCLEAR CARDIOLOGY
- IF TEST IS ABNORMAL
PLEASE ARRANGE FOR A CONSULTATION
- CARDIAC REHAB

HISTORY/CLINICAL INFORMATION :

REASON FOR TEST

- PALPITATION/ARRHYTHMIA
- CHEST PAIN
- SOB (SHORTNESS OF BREATH)
- ABNORMAL ECG
- DIZZINESS/PRE-SYNCOPE
- HYPERTENSION
- STROKE/TIA
- HIGH CARDIOVASCULAR RISK
- CORONARY ARTERY DISEASE
- OTHER

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

*PLEASE BRING WITH YOU THIS REQUISITION FORM, YOUR HEALTH CARD AND YOUR LIST OF MEDICATIONS. THANK YOU FOR YOUR COOPERATION
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