Echocardiography Requisition

LISTOWEL MEMORIAL HOSPITAL

as a satellite site for SMGH Cardiodiagnostics Department

Phone: 519-292-2071 Fax: 519-291-2813

PATIENT INFORMATION

Last Name: First Name:
DOB: (dd/mm/yyyy)
Health Card Number:
Address:
City: Province:
Postal Code: Phone:

Height: **Weight:**

REFERRING PHYSICIAN

Name:
Address:
City: Province: Postal Code:
Phone: Fax:
Additional Copies:

Has the patient previously been seen by a Cardiologist:
❒No ❒Yes *If yes Specify:* Dr. ___________________________

FAX NON URGENT REQUISITIONS TO: 519-291-2813
Listowel is a non-critical Echocardiography site. Urgent or STAT requests are to be referred to a Tertiary site.
For URGENT (days) requests please contact the Cardiodiagnostics Department directly at 519-749-6938

Urgency: ❒ **Elective**
Is this a pre-operative assessment? ❒ **No** ❒ **Yes** ***Date of Surgery*** *(if known)*: ____
Translator Required? ❒ **No** ❒ **Yes** ***If yes, Specify Language:*** ____

ECHOCARDIOGRAPHY ❒ **Transthoracic Echocardiogram** **(no patient prep)**

INDICATION: ***Check all that Apply*** ****Requisitions without appropriate indication/clinical information will be returned****

❒ **Prior MI** ❒ **Cardiac Cath** ❒ **CABG**
❒ **Valve Replacement** ❒ **Mechanical** ❒ **Tissue** ***Model:***___________________________
❒ **Chest pain** ❒ **Dyspnea** ❒ **Palpitations** ❒ **AFib** ❒ **Syncope**
❒ **Murmur*:***____
❒ **LV dysfunction** ❒ **Cardiomyopathy** ❒ **Aortic Disease** ❒ **Source of embolus** ❒ **Pericardial Disease**
❒ **Chemotherapy**
❒ **LVH** ❒ **RV dysfunction** ❒ **Congenital** ❒ **Pulmonary HTN**
❒ **Valve Disease:**
❒ **Cardiac screening for asymptomatic patients with multiple cardiovascular risk factors (*select all that apply)*:**
❒ **Smoker** ❒**Diabetic** ❒**Dyslipidemia** ❒**Hypertension** ❒ **Stroke/TIA** ❒ **PVD** ❒ **Family History CAD**
❒ **Abnormal ECG**

CLINICAL INFORMATION:

Physician's Signature: ____ **Date:** _______________________________

Office Use Only
Date Received: ____________________ **Scheduled Appointment:** __________________________________ **Patient Notified** ❒