



# Echocardiography Requisition

## WINGHAM DISTRICT HOSPITAL

Phone: 519-357-3210 Ext. 5258

Fax: 519-357-1810

### 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: 519-357-1810**

**Wingham is a non-critical Echocardiography site. Urgent or STAT requests are to be referred to a Tertiary site.**

*For URGENT (days) requests please contact St. Mary's General Hospital 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)  
Agitated Saline (Bubble Study) Contrast

**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