



Echocardiography Requisition

LISTOWEL MEMORIAL HOSPITAL

WINGHAM DISTRICT HOSPITAL

Phone: 519-292-2071

Phone: 519-357-3912

Fax: 519-291-2813

Fax: 519-357-3688

as satellite sites for St. Mary's General Hospital Cardiodynamics Department

PATIENT INFORMATION

REFERRING PHYSICIAN

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

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

Height: _____ Weight: _____

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

FAX NON URGENT REQUISITIONS TO

LISTOWEL : 519-291-2813 WINGHAM: 519-357-3688

*Wingham and Listowel are non-critical Echocardiography sites. Urgent or STAT requests are to be referred to a Tertiary Site.
For URGENT (day) requests please contact St. Mary's General Hospital Cardiodynamics 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