

CardioRespiratory Unit

Cardiac Diagnostics

(519) 621-2330 – Ext. 1110 or FAX (519) 740-4930

Monday to Friday - 7:30 AM to 3:30 PM

Surname	First
Address	
Postal Code	Phone
Date of Birth	Unit # or Health Card #

Clinical Diagnosis/Indications for Test:

Height in/cm

Weight lbs/kg

Cardiac Tests

<input type="checkbox"/> ECG	<input type="checkbox"/> Holter Monitoring	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 72 hr
Appointment Date _____ Time _____	Appointment Date _____ Time _____			
<input type="checkbox"/> Cardiac Stress Testing	<input type="checkbox"/> Echocardiography			
Appointment Date _____ Time _____	Appointment Date _____ Time _____			
Other (Specify) _____	<input type="checkbox"/> Exercise Stress Echo (Treadmill)			
Appointment Date _____ Time _____	Appointment Date _____ Time _____			
Priority: <input type="checkbox"/> Urgent (24-48 hrs)	<input type="checkbox"/> Semi-Urgent (2-5 days)	<input type="checkbox"/> Routine (5+ day)	<input type="checkbox"/> Can be booked as Outpatient	

Medications: Beta Blocker Anti Arrhythmic Antihypertensive agents

Other (specify): _____

Indications

Cardiac testing will be performed only when one or more of the following indications apply to the patient.
Please select all that apply (CCN Standards, April 2015)

<input type="checkbox"/> Arrhythmias <input type="checkbox"/> (CAD) Coronary Artery Disease <input type="checkbox"/> Cardiac Mass <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Congenital or Inherited Structural Heart Disease <input type="checkbox"/> Chest Pain <input type="checkbox"/> Dyspnea <input type="checkbox"/> Edema/CHF	<input type="checkbox"/> CVA/TIA Embolic Events <input type="checkbox"/> Hypertension <input type="checkbox"/> Infective Endocarditis <input type="checkbox"/> Mitral Valve Prolapse <input type="checkbox"/> MI/NSTEMI <input type="checkbox"/> Murmur <input type="checkbox"/> Palpitations <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Pre-Cardioversion <input type="checkbox"/> Pre/Post Op Assessment	<input type="checkbox"/> Prosthetic Heart Valve <input type="checkbox"/> Pulmonary Disease <input type="checkbox"/> Structural Heart Disease <input type="checkbox"/> Syncope <input type="checkbox"/> Thoracic Aortic Disease <input type="checkbox"/> Valvular Regurgitation <input type="checkbox"/> Valvular Stenosis
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Referring Physician	Interpreting Physician (Required)	Copies to
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The CardioRespiratory Unit is located on Level 0. It is on your right when you exit the public elevators.

IMPORTANT:

- **Bring all your medications (or a list) with you, including any over the counter medications.**
- For all tests arrive in the department at least 15 minutes early to register.
- Inform the receptionist / technician / therapist of any allergies you have.
- If you are under the age of 16, we recommend that you have a parent or responsible adult in attendance.
- Inform staff if you are pregnant or suspect you may be.

Cardiac Stress Test

- Bring your medications
- Do not stop any medications unless advised by your physician.
- Wear comfortable clothing and shoes suitable for walking on a treadmill (walking shoes or running shoes - NO high heels)
- Light breakfast or lunch is preferred

Holter Monitor

- Time for Holter test: 20 minutes
- The monitor **MUST** be returned the following day
- Wear a 2 piece outfit to allow a cable to come out at your waist
- You will be provided with a diary to record activities or symptoms as well as ALL medications taken.
- Bring a list of all your medications

Please remember that Cambridge Memorial Hospital is a Scent Free facility.