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LAKESHORE CARDIOLOGY

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PATIENT INFORMATION *Please complete all of this section*

Mobile _____

Work _____

Name _____ D.O.B. _____ Phone _____

Address _____ City _____ Postal Code _____

Health Card _____ Version Code _____ Gender ____ Email _____

Reason(s) for Referral:	Yes	No
Is ECG attached?*	❑	❑
Abnormal ECG	❑	❑
LBBB	❑	❑
Atrial Fib	❑	❑
Chest pain/discomfort	❑	❑
Palpitations	❑	❑
SOB @rest __ OE __	❑	❑
Heart Murmur	❑	❑
Routine Screening	❑	❑
Family history of ASHD	❑	❑
Syncope	❑	❑
Pre-op (Sx date_____)	❑	❑
Valvular Heart Disease	❑	❑
Post PCI (Date_____)	❑	❑
Renal disease	❑	❑
Other _____		

Existing Condition(s):	Yes	No
Diabetes	❑	❑
Asthma	❑	❑
Hyperlipidemia	❑	❑
PVD	❑	❑
Carotid Stenosis	❑	❑
Ischemic Heart disease	❑	❑
Previous MI _____	❑	❑
Previous PCI _____	❑	❑
Previous CABG _____	❑	❑
Smoker (enter # yrs) _____	❑	❑
Ex-smoker	❑	❑
Obese (weight: _____)	❑	❑
Hypertension	❑	❑

Current Medication(s):	Yes	No
Beta-Blocker (enter name)	❑	❑
_____		
Ca Channel Blocker	❑	❑
_____		
Other Meds	❑	❑
_____		
_____		

Additional Indication(s) / Info

_____

_____

_____

1. ❑ CONSULT with DR. _____ *(if appt. is URGENT referring physician to call directly)*

Send (fax, mail or cc) all pertinent Hx, reports, tests and lab results prior to appointment.

2. ❑ ECHOCARDIOGRAPHY

3. ❑ a) Routine Cardiac Stress - walking on treadmill

❑ b) Stress Echocardiography - pedalling recumbant bicycle

❑ c) Dobutamine Stress Echo - for patients unable to exercise (walk or pedal), IV meds simulate exercise

(If stress test is done for diagnostic purpose, stop beta-blocker 48 hrs prior and verapamil/diltiazem 24 hrs prior.)

ECG required prior to booking any stress test. Please fwd or carbon copy recent ECG.

4. ❑ HOLTER MONITOR MONITOR FOR ❑ 24 Hours ❑ 48 Hours ❑ 72 Hours to 13 Days ❑ 14 to 30 Days

5. ❑ AMBULATORY BLOOD PRESSURE MONITOR (ABPM) *(Not an OHIP benefit - Charge applies)*

6. ❑ CAROTID INTIMA MEDIAL THICKNESS (IMT) *(Not an OHIP benefit - Charge applies)*

Referring Doctor's Signature _____ Doctor's Name (Printed) _____

If any test result is positive attending Doctor may book a consultation at his discretion.

Forward recent ECG's, lab work and relative reports and ask patient to bring ALL medications to stress and consult appts.

EXAMINATION PREPARATION AND PROCEDURES ARE EXPLAINED ON THE REVERSE SIDE OF THIS FORM

No shows and cancellations without 48 hours notice will be charged.

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PATIENT PREPARATION

- Shower prior to all testing but DO NOT apply lotion, powder or perfume.
- Bring Health Card to ALL appointments.
- Bring ALL medications in original bottle to any stress test and consult appt.
- Please provide 48 hours notice for cancellation, otherwise you will be billed.

CONSULTATION APPOINTMENT

CALL office one week prior to confirm appointment.

ECHOCARDIOGRAPHY

No preparation required. This is an ultrasound examination of your heart. *Duration: 45mins*

STRESS TESTING

a) Routine Cardiac Stress - *Duration: 30 mins.*
b) Stress Echocardiography - *Duration: 45 mins.*

Wear comfortable shoes, pants or shorts and top as you will be exercising. Bring ALL medications and a medium sized towel.

No food or drink 2 hours prior to test.

No smoking, caffeine or alcohol 4 hours prior.

STOP ANY BETA BLOCKER MEDICATION 48 HOURS PRIOR TO TEST UNLESS INSTRUCTED OTHERWISE. CHECK WITH PHYSICIAN REGARDING DIABETIC MEDICATION.

c) Dobutamine Stress Echocardiography - *Duration: 1 hour*

An intravenous will be used to administer medications to simulate exercise. Bring ALL medications.

No food, drink, alcohol or smoking 4 hours prior to test.

No caffeine products (incl. decaff drinks) 24 hours prior to test.

STOP ANY BETA BLOCKER MEDICATION 48 HOURS PRIOR TO TEST UNLESS INSTRUCTED OTHERWISE. CHECK WITH PHYSICIAN REGARDING DIABETIC MEDICATION.

HOLTER MONITOR/LOOP-EVENT RECORDER

Wear loose fitting blouse or shirt with button-up front. Electrodes and wires will be placed on chest for 24 or 48 hours.

DURING THE MONITORING PERIOD DO NOT IMMERSE ELECTRODES, WIRES OR MONITOR IN WATER.
(NO FULL BATH, SHOWER OR SWIMMING)

AMBULATORY B.P. MONITOR

Wear loose fitting blouse or shirt. Charge applies. Cash, debit or credit card accepted.
Duration: 24 hours

CAROTID IMT

No preparation required. Charge applies. Cash, debit or credit card accepted.
Duration: 15 mins.