

PATIENT INFORMATION

NAME:	<input type="radio"/> M <input type="radio"/> F
HEALTHCARD #:	VERSION CODE:
PHONE #:	DOB:

REFERRING PHYSICIAN INFORMATION

Referring MD:	Signature:
MD Billing number:	Date:
Phone #:	Fax #:

CARDIOVASCULAR DIAGNOSTICS

URGENT
 ROUTINE

WALK-IN SERVICES: (8am-4pm)

- EKG / Electrocardiography
 - 24 hr ABP monitor (\$25 not covered by OHIP)
 - 2D Echocardiogram** +/- contrast / bubble study
 - Holter/Loop: 24-72 hr 7-14 day
 - If diagnostic test is abnormal, please automatically arrange for Cardiology Consultation.
- ** Windsor Location Only**

BY APPOINTMENT ONLY

- Exercise Stress Echo with Consult**
- Exercise Stress Echo Only**
 (Consult, if deemed necessary by MD)

INDICATION FOR DIAGNOSTICS

- | | | | | |
|------------------------------------|------------------------------------|--|--|--|
| <input type="radio"/> Chest Pain | <input type="radio"/> Pre/Syncope | <input type="radio"/> CAD/MI | <input type="radio"/> Prosthetic Heart Valve | <input type="radio"/> Stroke/TIA |
| <input type="radio"/> Dyspnea | <input type="radio"/> Arrhythmias | <input type="radio"/> CHF | <input type="radio"/> Thoracic Aortic Disease | <input type="radio"/> Cardiovascular Screening |
| <input type="radio"/> Edema | <input type="radio"/> Heart Murmur | <input type="radio"/> Valvular Stenosis | <input type="radio"/> Congenital Heart Disease | <input type="radio"/> Other: _____ |
| <input type="radio"/> Palpitations | <input type="radio"/> HTN | <input type="radio"/> Valvular Regurgitation | <input type="radio"/> Pulmonary Disease | |

CARDIOLOGY CONSULTATION

URGENT
 ROUTINE

REASON FOR CONSULTATION

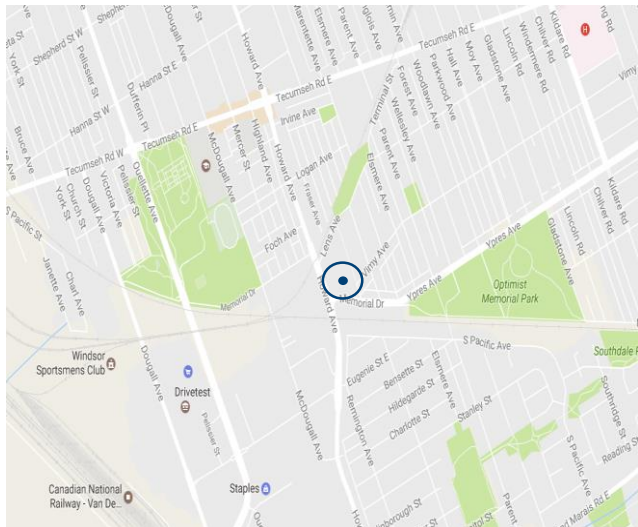
<input type="radio"/> Next Available	<input type="radio"/> Dr. Dhssraj Singh
<input type="radio"/> Dr. Roland Mikhail	<input type="radio"/> Dr. Kushal Dighe
<input type="radio"/> Dr. Rafal Sieniawski	<input type="radio"/> Dr. George Wong
<input type="radio"/> Dr. Nisar Huq	<input type="radio"/> Dr. Alireza Bagherli

Please provide a complete list of medications at time of testing and/or consultation.

DIRECTIONS

Name: _____ Appointment Date/Time: _____

WINDSOR HEART INSTITUTE & DIAGNOSTIC CENTRE
2464 Howard Avenue, Suite 201, Windsor Ontario
N8X 3V6
519-977-6643



WINDSOR HEART INSTITUTE- ESSEX
169 Talbot Street South, Essex, Ontario
N8M 1B7
519-800-2535



DIAGNOSTIC TEST PREPARATION

ECHOCARDIOGRAM (ECHO)

An ultrasound that provides images of the heart's valves and chambers.

Time: approximately 30 - 45 minutes.

PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

EXERCISE STRESS ECHO

A resting echocardiogram that will be performed prior to exercise on a treadmill and at peak exercise; this test is frequently done to assess for coronary artery disease.

Time: approximately 1 - 2 hours.

PREP:

- Light meal 3 hours prior to exercise stress test.
- Wear light comfortable clothing and running shoes.
- Consult with your ordering physician about holding your heart medications prior to testing.

ELECTRONIC LOOP AND HOLTER MONITOR

Devices that record the electrical activity of your heart for a specified period of time in order to detect abnormal heart rhythm. You will be instructed how to remove the device prior to a shower.

PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

ELECTROCARDIOGRAM

This test is done to assess the electrical activity of the heart at one single point in time (10 seconds).

Time: approximately 15 minutes.

PREP:

- Do not rub any creams or lotion on your chest prior to appointment.

BLOOD PRESSURE MONITOR

During a 24-hour period a blood pressure cuff is worn and blood pressure is monitored regularly throughout the duration.

PREP:

- You will not be able to shower while wearing this monitor.
- Be sure to wear comfortable clothing.

Fee: \$25 charge

Some insurance companies will reimburse a portion, or all of the charge, as it is not covered by OHIP.

CARDIAC CONSULT

You will meet with one of our fellowship trained, board certified cardiologists who will listen to your concerns, discuss test results and recommend treatment options

PREP:

- none

Please bring a list of your medications with you