

# Windsor Heart Institute

Your doctor has referred you to the Windsor Heart Institute.  
You will receive a call with your appointment date and time. For more information visit [windsorheart.org](http://windsorheart.org)

Date \_\_\_\_\_ Time \_\_\_\_\_

**Reminder:** Please bring a complete list of medications with you at time of testing/consult.  
Bring \$3 for parking at Windsor location.

## DIAGNOSTIC TEST PREPARATION

For more detailed information about your exam please visit our website at [windsorheart.org](http://windsorheart.org)

**ECHOCARDIOGRAM (ECHO)**

**Time:** approximately 45 - 60 minutes.

**PREP:**

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

**EXERCISE STRESS ECHO**

**Time:** approximately 1 - 2 hours.

**PREP:**

- Light meal 3 hours prior to exercise stress test
- Avoid caffeine for 24 hours prior
- Wear light comfortable clothing and running shoes
- Certain medications need to be stopped 24 hours before this test. You will receive a reminder call/ email to let you know which medications should be stopped.

**HOLTER MONITOR**

**Time:** approximately 15 minutes

*(NOTE: Holter monitors can also be delivered to you at your home)*

**PREP:**

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

**ELECTROCARDIOGRAM**

**Time:** approximately 15 minutes.

**PREP:**

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

**BLOOD PRESSURE MONITOR**

**Time:** approximately 15 minutes.

**PREP:**

- You will not be able to shower while wearing this monitor.
- Wear comfortable clothing.

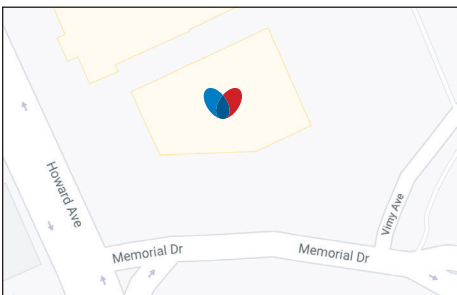
**Fee:** \$25 charge

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

**CARDIAC CONSULT**

**Time:** approximately 15 - 30 minutes.

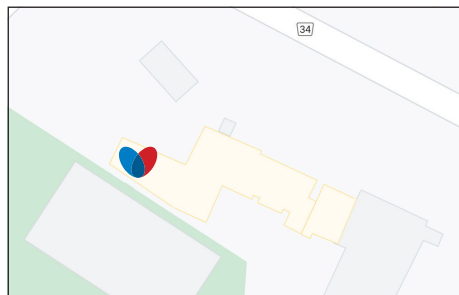
*(NOTE: During COVID restrictions all consults will be done via phone call. Please be patient when waiting for the call as time spent per call varies between patients. Wait time can be up to 3 hours.)*



**Windsor Location**

2464 Howard Ave. Suite 201  
Windsor, Ontario N8X 3V6

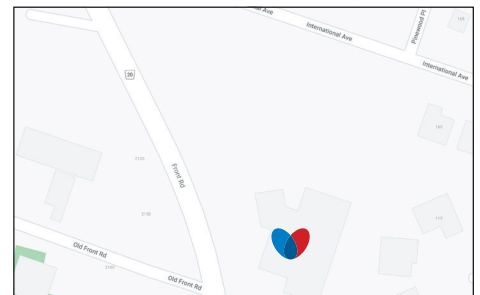
Phone: 519-977-6643 Fax: 519-915-6326



**Essex Location**

186 Talbot St. South Suite A.  
Essex, Ontario N8M 1B6

Phone: 519-977-6643 Fax: 519-915-6326



**Lasalle Location**

Lasalle Community Healthcare Centre  
2125 Front Rd.  
Lasalle, Ontario N9J 2C1

Phone: 519-966-9980 Fax: 519-915-6326

Please fax this form to 519-915-6326 or use the referral form at [windsorheart.org](http://windsorheart.org)

**PATIENT INFORMATION**

**REFERRING PHYSICIAN INFORMATION**

Name:  M     F

MD Name/Signature: **\*Required**

Healthcard #:                      Version Code:

MD Billing number:                      Date:

Primary Phone #:                      DOB:

Phone #:

Secondary Phone #:

Fax #:

**\*PATIENT PREFERRED LOCATION**     LASALLE     WINDSOR     ESSEX

**CARDIOVASCULAR DIAGNOSTICS**

**WALK-IN SERVICES 8AM-4PM**

**BY APPOINTMENT ONLY**

- EKG / Electrocardiography
- 24 hr ABP monitor (\$25 not covered by OHIP)
- Holter:     24-72 hr     7-14 day

- Exercise Stress Echo with Consult
- 2D Echocardiogram  
+/- contrast / bubble study
- Exercise Stress Echo Only  
*(Consult, if deemed necessary by MD)*

\*  **Holter pick-up from office**     **Mail Holter to patient's home**

**INDICATION FOR DIAGNOSTICS AND/OR CONSULTATION**

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

If diagnostic test is abnormal, please automatically arrange for Cardiology Consultation.

Notes: \_\_\_\_\_  
\_\_\_\_\_

**CARDIOLOGY CONSULTATION**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Next Available     | <input type="checkbox"/> Dr. Roland Mikhail | <input type="checkbox"/> Dr. Dhssraj Singh |
| <input type="checkbox"/> Dr. Jeffrey Anchan | <input type="checkbox"/> Dr. Nisar Huq      | <input type="checkbox"/> Dr. Brian Hachey  |