

REQUISITION FORM

REQUEST:				APPROPRIATE CRITERIA FOR CARDIAC SCREENING / STRESS TESTING				
In our continuous effort to provide the best possible care, improve patient access to cardiac care and reduce the waiting time, we are pleased to provide the following Cardiac Diagnostic Services:				The most common presentation of Coronary Artery Disease (CAD) is sudden death, and according to 2010 ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults, (J.AM. Coll. Cardiol. 2010;56; 2182-2199) we strongly recom-				
☐ Echo with Consult ☐ Echo Only		/ ☐ Cardiac Consult		mend Cardiovascular Screening for the following moderate to high risk patients:				
☐ Cardiophone Loop Monitor ☐ Holter Monitor ☐ Pre-Op		rative Assessment	□ DM>45 years old* □ Family History of premature CAD □ Stroke/ TIA+ □ Abnormal Baseline ECG □ High Blood Pressure □ Competitive Sports Athletics □ High Cholesterol □ History of Peripheral Vascular Disease *Canadian J of Diabetes, Sep 2008 +CAD present 1/2 stroke, 1/3 PAD patients, J AM Geriatr. Soc 1999 Oct/47(10):1255-6					
☐ Stress Test with Consult ☐ ECG		☐ 24 HR BP Monitor (\$50)						
LOCATION: Tel Fax Garani Cardiac Centre 4728 Dorchester Rd - Suite 10 905-228-9955 905-228-								
Niagara Falls, ON L2E 7H9				APPROPRIATE CRITERIA FOR Cardiophone LOOP MONITOR*				
PATIENT INFORMATION (LABEL):				☐TIA / stroke* ☐Rule out Cardiac Arrhythmia ☐Lightheaded ☐Presyncope				
Last Name, Fire	st Name	DOB	Gender		ıt PAF 🔲 Dizziness		•	Rule out Tachycardia
DD/MM/YYYY			☐ Chest p	ain (monitor ST segmen	t) ∐ Rule out Brad	ycardia *N Engl June 26,	J Med 2014; 370:2467-2477 2014	
			OFFICE	USE ONLY				
Health Number	Ver	rsion Code	Phone Number	Test	Appropriateness	Booked Date	Booked Time	Confirmed Yes/No
				Echo				
				ST				
DEFENDING MAD	CORV	-		Consult				
REFERRING MD:	COPY	то:		Loop				
REASON FOR REFERRAL: Chest Pain Equivocal treadmill stress test Diabetic Cardiovascular screening Post CABG Screening cardiomyopathy Presyncope / Dizziness / Lightheadedness Arrhythmia Abnormal ECG Syncope CAD Atrial Fibrillation Palpitation Other INR Monitor			□ CHF (Systolic / Diastolic) □ Abnormal CXR □ Post CAB □ Suspected Pulmonary Hypertension □ Cardiac Risk Assessment □ TIA / Stroke □ Follow up Pulmonary Hypertension □ Aortic / Mitral Stenosis □ HTN □ Hyperlipidemia □ Aortic / Mitral Regurgitation □ CHF □ Shortness of Breath □ Valvular Heart Disease □ Murmur					



INSTRUCTIONS FOR STRESS TEST

The Stress Test consists of two parts:

- Avoid heavy meals, coffee (including decaffeinated tea or soda), smoking or alcohol consumption at least 4 hrs prior to your test as this may affect your results.
- If you are diabetic on insulin, take half your normal insulin dose, as the exercise will lower your blood sugar.
- Do not apply lotions, perfumes or powder to the chest area on the day of your test.
- Wear a two piece outfit and shoes that will be comfortable for exercising.
- Arrive 15 minutes prior to the scheduled time to allow for registration, and bring your VALID health card and a list of your current medications.
- Expect to wait in the clinic 15-45 minutes after your stress test for your body to cool down before driving home.

Medications to stop one day before the test, and on the day of the test, unless otherwise instructed by the doctor to "DO NOT STOP":

- Acebutolol
- Adalat
- Amlodipine
- Atenolol
- Bisoprolol
- Cardizem

- Carvedilol
- Coreg
- Diltiazem
- Imdur
- Ismo
- Inderal
- - Nifedipine

- Lopressor Metoprolol
- Nadolol

Isoptin

- Norvasc
- - Timolol Verapamil

Nitrodur

Pindolol

Tiazac

Propranolol

APPROPRIATE CRITERIA FOR ECHO*

Chest pain, Palpitation, SOB, Lightheadedness, Presyncope or Syncope					
☐ TIA/Stroke ☐ AF, SVT or VT ☐ Murmur or Click ☐ Pericarditis					
☐ Abnormal CXR, ECG or cardiac marker					
☐ Frequent PVC (≥ 3pvcs at rate more than 100bpm) or Exercise induced PVCs,					
☐ Suspected Pulmonary HTN or Routine Annual f/u of pulmonary HTN					
☐ Routine 3 years follow up of Mild valvular stenosis					
☐ Routine annual follow up of moderate to severe valvular stenosis or regurgitation					
☐ Prosthetic valve, initial post operative suspected dysfunction or routine 3 year follow up					
☐ Ascending aorta (AA) evaluation in connective tissue disease					
☐ Routine revaluation of enlarged AA					
☐ Initial evaluation of HTN (rule out hypertensive heart disease)					
☐ Initial evaluation of CHF (systolic or diastolic)					

Revaluation CHF (systolic or diastolic) change clinical status or to guide therapy

☐ Initial evaluation of cardiomyopathy

Revaluation of cardiomyopathy with change in clinical status or to guide therapy

☐ Screening first degree relative for cardiomyopathy

☐ Initial evaluation of adult congenital heart disease and routine annual follow up

* J Am Soc Echo 2011:24:229-67

INSTRUCTIONS FOR Cardiophone LOOP MONITOR & HOLTER MONITOR

The Cardiophone Loop Monitor & Holter Monitor Tests consist of two parts:

- The first part happens the day you receive the heart monitor. This will take about 15 minutes. During this time, you will have a Baseline 12-lead ECG, fill out a cardiac questionnaire, sign an equipment loan agreement and transmit a baseline ECG, and have any questions you have about the use of the heart monitor answered.
- The second part takes place the day you return the heart monitor to our office. Please remember to return your diary with the Cardiophone monitor.

The Cardiophone Loop Monitor and Mobile Cardiac Telemetry Holter Monitor are small, accurate, convenient & accessible, state-of-the-art real time cardiac monitors, that are the first of their kind in Canada to use cellphone technology to continuously monitor your heart in real time and transmit any electrical abnormalities to our 24/7 central monitoring station automatically to help in early diagnosis and prompt therapy.

The test is covered by Basic Ontario Health Plan.



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