



**Lakeridge
Health**

Cardiac Diagnostics – Referral Form

PHONE #: 905 576 8711

- LHAP ext. 11168 Fax #: 905 428 5307
- LHO ext. 33551 Fax #: 905 721 4863
- LHB ext. 21370 Fax #: 905 697 4687

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
 Referring Physician: _____ OHIP Number: _____
 Copies to: (Physician Name): _____ Phone Number: _____
 Appointment Date and Time: _____ Height: _____ Weight: _____ (Obligatory)

REASON FOR REFERRAL

- | | | |
|---|---|---|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Murmur / Valve Disease |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Dizziness / Syncope | <input type="checkbox"/> Post PCI / CABG |
| <input type="checkbox"/> Pre-Operative Evaluation | <input type="checkbox"/> Palpitations / Arrhythmia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Cardiovascular Risk Assessment | _____ |

CARDIOLOGY– please provide ECG/Echo/previous testing if available

- Consult (If not already seen by a Cardiologist)
 - * LHAP – Accepting from ER and community
 - * LHO / LHB – ONLY Chest Pain from community
 - ** ER to continue to refer to on-call Cardiologist
 - ** Non-Chest Pain referral will not be accepted

ECHOCARDIOGRAPHY

- | | |
|---|--|
| <input type="checkbox"/> ECHO (TTE) | <input type="checkbox"/> Paediatric ECHO (TTE) |
| <input type="checkbox"/> ECHO with Contrast | <input type="checkbox"/> Transesophageal Echocardiogram (TEE) (Provide TTE report) |
| <input type="checkbox"/> ECHO with Bubble Study | |

STRESS TESTING	AMBULATORY MONITORING (LHAP)
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- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Treadmill Exercise Stress Test <input type="checkbox"/> Exercise Stress Echocardiogram <input type="checkbox"/> Dobutamine Stress Echocardiogram | <ul style="list-style-type: none"> <input type="checkbox"/> 24 Hour Holter Monitoring <input type="checkbox"/> 48 Hour Holter Monitoring <input type="checkbox"/> Ambulatory Blood Pressure Monitoring (ABPM) (24 hours) (\$50.00 charge applied) |
|---|--|

NUCLEAR IMAGING

Myocardial Perfusion Imaging including LVEF

- Exercise Stress
- Pharmacological / Persantine Stress
- Dobutamine Stress

LV FUNCTION

- MUGA Scan (Central Bookings 905-721-4717)
- Myocardial Viability Scan (LHO)
- Cardiac Pyrophosphate Scan (LHO)

Physician's Name: _____ (Please print) Physician's Signature: _____

CC: _____ Date: _____





PATIENT INSTRUCTIONS

- Bring valid health card as required by the Ministry of Health.
- Bring all current medications or list of them. Continue all your medications, unless instructed otherwise by your physician.
- Bring this form with you. Please bring reading glasses if required to read and sign the consent form.
- No lotion or powder on skin.
- Bring comfortable walking shoes and wear clothing suitable for exercising.
- If you need assistance with translation at your appointment, it is helpful to bring someone with you who can provide translation. If we are notified in advance, we can often arrange to have translation services available for you.

MYOCARDIAL PERFUSION SCAN

1. Do not consume any caffeinated or decaffeinated products for at least **24 hours** prior to the start of test (this includes no tea, coffee, decaffeinated products, chocolate, soda pop or medications containing caffeine).
2. Nothing to eat or drink (except sips of water for medications) for **3 hours** prior to the test.
3. The examination consists of **two parts, a resting study and a stress study**. They could be done on the same day with the resting study followed by the stress study or they could be performed on 2 separate days (as determined by the department scheduling). The resting study is performed with an intravenous injection of a radiopharmaceutical, followed by a scan at about 1 hour later. The stress study is performed with a stress test as determined by your referring physician, followed by a radiopharmaceutical injection, and then scan at about 1 hour later. Each **part** lasts approximately 1.5 to 2 hours.

Special Considerations:

1. Medications such as aminophylline, theophylline or similar medications must be stopped 48 hours prior to the test as recommended by your physician.
2. For patients who are Insulin Dependent Diabetics, you may have a light breakfast (e.g. juice and cereal).
3. If you are claustrophobic, ask your physician for sedative medication prior to testing.

CARDIAC STRESS TESTING

1. No caffeine products on the day of testing.
2. For Dobutamine stress ECHO, someone must accompany you as a sedative may be given.
3. For exercise stress tests (treadmill or stress ECHO, exercise) hold beta blockers (Bisoprolol, Metoprolol, Atenolol, or Carvedilol) or calcium channel blockers (Diltiazem, Verapamil) the day prior and the day of stress testing, unless advised otherwise by your cardiologist.

TRANSESOPHAGEAL ECHOCARDIOGRAM (TEE)

1. NOTHING to eat or drink after **midnight** prior to your study (your morning medications **CAN** be taken with sips of water). Someone must accompany you, as a sedative may be given.

