

**WRHN**Waterloo Regional
Health Network

Cardiodiagnostics Services Requisition

CARDIODIAGNOSTICS DEPARTMENT**Phone: 519-749-6938 Fax: 519-749-6871****PATIENT INFORMATION:**

Last Name: _____ First Name: _____

DOB: (dd/mm/yyyy)

Health Card Number: _____

Address: _____

Street _____

City _____ Province _____

Postal Code _____ Phone: _____

Height: _____ Weight: _____

REFERRING PHYSICIAN:

Name: _____

Address: _____

Street _____

City _____ Province _____ Postal Code _____

Phone: _____ Fax: _____

Additional copies: _____

Has the patient previously been seen by a Cardiologist:

☐ No ☐ Yes if yes Specify: Dr. _____**TO BOOK A TEST CALL CENTRAL BOOKINGS: 519-749-6990 FAX NON URGENT REQUISITIONS TO: 519-749-6989***For URGENT (days) requests please contact the Cardiodiagnostics Department directly at 519-749-6938*Patient Location: ☐ Home ☐ Hospital: _____Test to be completed by: ☐ First Available Cardiologist or ☐ Specific MD: _____Urgency: ☐ Days ☐ Weeks ☐ ElectiveIs this a pre-operative assessment? ☐ No ☐ Yes Date of Surgery (if known): _____Translator Required? ☐ No ☐ Yes If yes, Specify Language: _____**ECHOCARDIOGRAPHY**☐ Transthoracic Echocardiogram ☐ Agitated Saline (Bubble Study) ☐ Contrast☐ Transesophageal Echocardiogram**ELECTROCARDIOGRAPHY**☐ 12 Lead ECGHolter Monitor: ☐ 24 hour ☐ 48 hourLoop Recorder: ☐ 14 day ☐ 28 Day☐ Stress Test only ☐ Stress Test with Consult ☐ Stress Test +/- Consult*Select appropriate test:*☐ Treadmill Stress Test (Patient has no physical, cognitive or other impediment to exercise)☐ Exercise Stress Echocardiogram (abnormal ECG, LVH, prior CABG, Digoxin use, Female*)**Consider stress imaging in female patients, due to high false positive rate with treadmill alone*☐ Dobutamine Stress Echocardiogram☐ Ischemia (unable to exercise) ☐ Viability ☐ Low-flow Low-gradient aortic stenosis☐ Nuclear Myocardial Perfusion Scan☐ Exercise ☐ Persantine ☐ Rest only (for viability) ☐ MUGA (Wall Motion/EF)**INDICATION:** Check all that apply ** Requisitions without appropriate indication/clinical information will be returned**☐ Prior MI ☐ Cardiac Cath ☐ CABG ☐ Valve Replacement ☐ Mechanical ☐ Tissue Model: _____☐ Chest pain ☐ Dyspnea ☐ Palpitations ☐ AFib ☐ Syncope ☐ Murmur: _____☐ LV dysfunction ☐ Cardiomyopathy ☐ Aortic Disease ☐ Source of embolus ☐ Pericardial Disease ☐ Chemotherapy☐ LVH ☐ RV dysfunction ☐ Congenital ☐ Pulmonary HTN ☐ Valve Disease: _____☐ Cardiac screening for asymptomatic patients with multiple cardiovascular risk factors (select all that apply):☐ Smoker ☐ Diabetic ☐ Dyslipidemia ☐ Hypertension ☐ Stroke/TIA ☐ PVD ☐ Family History CAD ☐ Abnormal ECG**CLINICAL INFORMATION:**

Physician's Signature: _____

Date: _____

Office Use Only

Date Received: _____ Scheduled Appointment: _____

Patient Notified ☐

Suggested Chest Pain Assessment Algorithm (Excluding Acute Coronary Syndromes)

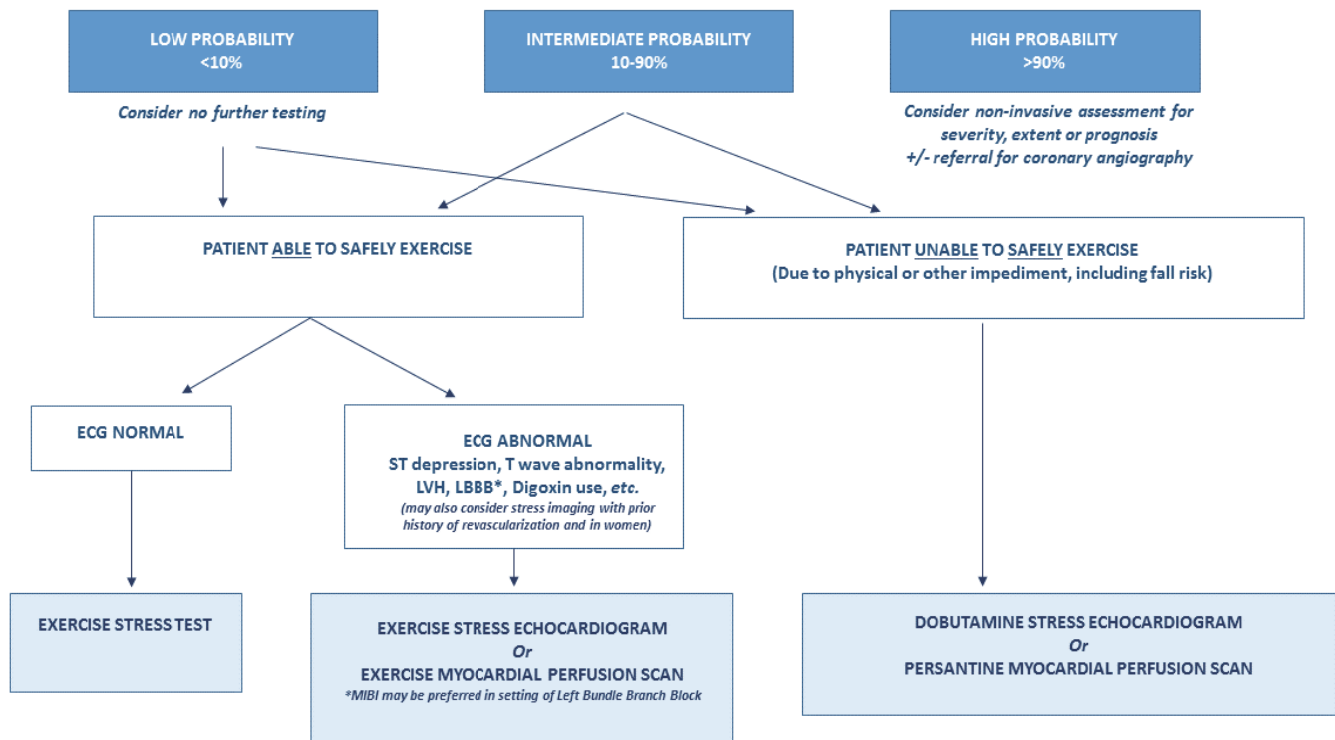
STEP 1. Estimate Pretest Probability of Obstructive Coronary Disease as the cause for the patient's chest pain:

Chest Pain Characteristics:

1. Substernal chest discomfort, with characteristic quality and duration
2. Provoked by exertion or emotional stress
3. Relieved by rest and/or Nitroglycerine

	Non-Anginal Chest Pain ≤ 1 of 3		Atypical Chest Pain 2 of 3		Typical Anginal Chest Pain 3 of 3	
Age	Male	Female	Male	Female	Male	Female
30-39	4%	2%	34%	12%	76%	26%
40-49	13%	3%	51%	22%	87%	55%
50-59	20%	7%	65%	33%	93%	73%
60-69	27%	14%	72%	51%	94%	86%

STEP 2. Determine the appropriate non-invasive risk stratification method:



Adapted from ACC 2012 Guideline for the diagnosis and Management of Patients with Stable Ischemic Heart Disease. Circulation. 2012. 126:e354-e471.

Stress Test with Consultation & +/- Consultation Services:

- Appropriate for the evaluation of patients presenting with chest pain or dyspnea with intermediate to high pre-test probability of obstructive CAD
- Cardiovascular screening for asymptomatic patients with multiple cardiovascular risk factors
- Pre-operative cardiac assessment, in patients with multiple cardiovascular risk factors or known CAD, not currently followed by a Cardiologist, **WHEN** it will change management
- +/- Consultation means a consultation will be provided in the event of a high risk study
- Stress test with Consultation service is **NOT** appropriate for patients who are currently being followed and managed by a Cardiologist. In this case, either refer directly to that physician's office or order a test only, with the results copied to the patient's usual Cardiologist

