

HEAD OFFICE - SCARBOROUGH     ETOBICOKE OFFICE     MISSISSAUGA OFFICE

**PATIENT'S INFORMATION**

Last Name \_\_\_\_\_ Sex  M  F

First Name \_\_\_\_\_

HC Number \_\_\_\_\_ Version Code \_\_\_\_\_

Date of Birth DD MM YYYY

Tel: \_\_\_\_\_

**PHYSICIAN'S INFORMATION**

DOCTOR'S NAME \_\_\_\_\_ DATE DD MM YYYY

Address \_\_\_\_\_

Tel: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**CARDIAC TESTING**

ECG/EKG

ECHOCARDIOGRAPHY (TTE)

STRESS EXERCISE TEST (GXT)

STRESS ECHOCARDIOGRAPHY

HOLTER MONITORING  48HRS  72 HRS

LOOP RECORDING - 14 DAYS

BLOOD PRESSURE MONITORING (ABPM)

**TEST URGENCY**

URGENT <48 HOURS

SEMI-URGENT <1 WEEK

ELECTIVE

**CARDIAC CONSULTATION IN CASE OF ABNORMAL RESULTS**

**OTHER TESTS TO ARRANGE**

EXERCISE/PERSANTINE CARDIOLITE/MIBI

**CARDIAC CONSULTATION**

Dr. S. Alaamri     Dr. S. Miller

Dr. W. Alkanyyah     Dr. R. Naidu

Dr. M. Cheung     Dr. A. Pourdowlat

Dr. A. Ciofani     Dr. G. Rewa

Dr. P. Fountas     Dr. I. Roifman

Dr. Anup Gupta     Dr. O. Ryzhak

Dr. S. Kremer     Dr. T. Vira

Dr. A. Levinson     Dr. M. Zia

Dr. I. Likar     **FIRST AVAILABLE**

**CONSULT URGENCY**

URGENT <48 HOURS

SEMI-URGENT <1 WEEK

ELECTIVE CONSULT

Rx: \_\_\_\_\_

**CLINICAL INFORMATION**

**INDICATIONS:**

Hypertension (suspected LV dysfunction)

Hypertension (uncontrolled)

Hypertension (evaluation of LVH management)

CAD/IHD (intermediate/high risk)

CAD/IHD (suspected)

Abnormal ECG \_\_\_\_\_ (specify)

Arrhythmia (suspected R/O \_\_\_\_\_ (specify))

known \_\_\_\_\_ (specify)

MI (suspected)

Post MI (risk stratification)

Post PTCA/CABG/Valvuloplasty (LV function assessment)

Stroke/TIA (R/O emboli)

Family history of heart disease \_\_\_\_\_ (specify)

Heart murmur (R/O structural heart disease recent MI)

Known valvular disease \_\_\_\_\_ (specify)

Heart failure (suspected known history of CHF)

Pericardial effusion (suspected known)

White coat syndrome R/O

Prosthetic heart valve

Bacterial Endocarditis (R/O known)

Pulmonary Hypertension (suspected known)

COPD

Congenital heart disease (suspected known \_\_\_\_\_ (specify))

Unexplained Hypotension

**SYMPTOMS:**

Anxiety

Chest pain (typical atypical)

Chest pain suggestive of CAD

Chest discomfort/tightness

Cardio respiratory symptoms \_\_\_\_\_ (specify)

Dyspnea (at rest with exertion)

Dizziness/Light-headedness

Edema (Legs Ankles Abdomen)

Fatigue/ Weakness

Orthopnea (R/O CHF)

Paroxysmal nocturnal dyspnea (PND)

Pre-syncope/ Syncope

Palpitations

Rapid heart rate

**RISK FACTORS:**

CAD/IHD (known)

Diabetes

Dyslipidemia

Drug/Alcohol abuse

Obesity

Prosthetic valve

Smoker

**BRING WITH YOU:**

- **YOUR HEALTH CARD** • **YOUR MEDICATION LIST**
- **THIS FORM**

Please arrive at least **15 min** before your appointment  
Please bring an interpreter/translator with you to the appointment, if you cannot communicate/understand English

**ALL CARDIAC PROCEDURES BELOW ARE NON-INVASIVE  
DO NOT WEAR BODY LOTION/OIL ON THE DAY OF ANY TEST**

**ECHOCARDIOGRAPHY (TTE)**

Cardiac ultrasound to evaluate the structure of the heart  
Duration: up to 45 min

**STRESS EXERCISE TEST (GXT)**

Involves walking and/or running on the treadmill  
Please wear running shoes  
Female patients: please wear a bra and a 2-piece outfit for comfort  
(don't wear a dress)

Don't drink coffee or tea on the day of the test  
Have a light meal on the day of the test

If you are taking Beta Blockers and Calcium Channel Blockers, please consult with your doctor regarding stopping the medication.

Duration: up to 30 min

**STRESS ECHOCARDIOGRAPHY**

Combines the **STRESS EXERCISE TEST** with **ECHOCARDIOGRAPHY (TTE)**  
Duration: up to 75 min

**ECG/EKG**

Monitors the electrical activity of the heart  
Duration: up to 15 min

**HOLTER MONITORING**

Monitors electrical activity of the heart during 48 or 72 hrs

**LOOP RECORDING**

Records electrical activity of the heart for up to 2 weeks

**AMBULATORY BLOOD PRESSURE MONITORING**

Records blood pressure for 24 hours

**The cost of this test is \$50 (not covered by OHIP)**

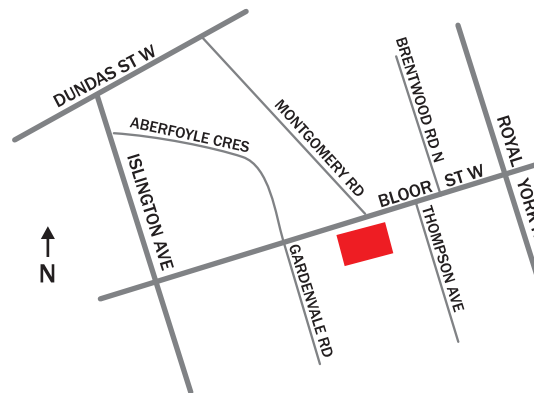
We speak: English, Cantonese, Mandarin, Russian, Ukrainian, Arabic, Armenian, Hebrew, Greek, Farsi, Italian, Hindi, Punjabi, Urdu.



**HEAD OFFICE - SCARBOROUGH**  
106-2130 Lawrence Ave. East,  
Scarborough, ON M1R 3A6  
Tel: 647-351-6646  
Fax: 647-351-6648  
Fax: 416-759-5399

**HOURS**

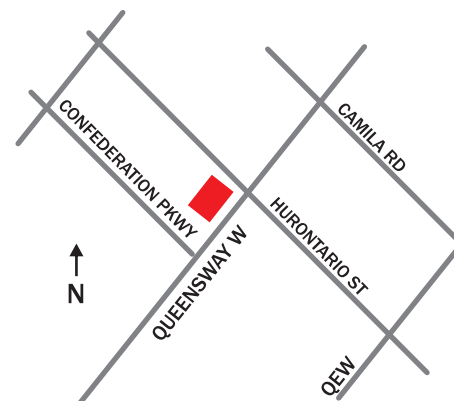
Mon-Fri 8am-6pm (walk-ins welcome)  
Sat 8am-4pm (walk-ins welcome)  
Sun 9am-1pm (walk-ins welcome)



**ETOBICOKE OFFICE**  
202-3101 Bloor St West,  
Etobicoke, ON M8X 2W2  
Tel: 647-351-6646  
Fax: 647-351-6648  
Fax: 416-759-5399

**HOURS**

Mon-Fri 8am-6pm (walk-ins welcome)  
Sat 9am-1pm (walk-ins welcome)



**MISSISSAUGA OFFICE**  
207/209-77 Queensway West,  
Mississauga, ON L5B 1B7  
Tel: 647-351-6646  
Fax: 647-351-6648  
Fax: 416-759-5399

**HOURS**

Mon-Fri 8am-6pm (walk-ins welcome)  
Sat 9am-3pm (walk-ins welcome)  
Sun 9am-1pm (walk-ins welcome)