

For appointments, please fax the completed form to 403.777.3001

If available, please include: resting ECG, complete medication list, copies of any previous stress tests, angiogram or echocardiogram results, and recent blood work (i.e. lipids, glucose). A Booking Coordinator will contact your patient to schedule their appointment. If you have any questions, please call 403.568.8677 or toll-free 1.866.611.2665.

EXAM TYPE

1. **Myocardial Perfusion Scan with Internal Medicine Consultation**

Exercise stress testing or pharmacologic stress testing will be decided by the internal medicine consultation.

2. **Exercise Stress Test with Internal Medicine Consultation** (No Imaging)

3. **Echocardiogram**

4. **CT Cardiac Angiography** (Private Pay)

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ _____ M/ _____ Y/ _____

Name: _____ Female Male

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Other Phone: _____

Date of Birth: D/ _____ M/ _____ Y/ _____

AHC or WCB #: _____

INDICATION FOR REFERRAL

- Diagnosis of coronary artery disease
- Evaluation of extent/severity of known coronary disease
- Evaluation of cardiac function
- Investigation of patient with multiple risk factors

- Pre-op assessment. Surgery & date: _____
- Driver's license qualification & third-party medical (Not covered by AHCIP - payment required)
- Other: _____

PATIENT HISTORY

Chest Pain

- Yes
- No
 - Typical
 - Atypical
 - Non-Anginal
 - New
 - Chronic
 - Changing Pattern
 - Exertional
 - Rest
 - Nocturnal
 - Dyspnea
 - Syncope

Pulmonary & MSK

- Asthma/ C.O.P.D.
- Interstitial Lung Disease
- Osteoarthritis

Allergies

- Contrast Allergies
- Other Allergies: _____

Cardiac History

- CABG
- Angioplasty/Stent
- Myocardial Infarction
- Heart Failure
- Arrhythmia
- Pacemaker
- Rheumatic Fever
- Valvular Heart Disease*

* Stress test not suggested with aortic stenosis

Coronary Risk Factors

- Diabetes
- Hypertension
- Hyperlipidemia
- Obesity
- Smoker
- Peripheral Vascular Disease
- Stroke
- Renal Failure
- Family History
- Asthma

MEDICATIONS

- Calcium Channel Blockers: _____
- Beta Blockers: _____
- Nitroglycerin: _____
- Insulin: _____

- Oral Hypoglycemic Agents: _____
- Bronchodilators: _____
- Theophylline: _____
- Other: _____

HEALTH CARE PROVIDER INFORMATION - URGENT bookings must be requested directly from physician's office.

Referring Health Provider: _____

Address: _____

Signature: _____

Practitioner's ID/Stamp: _____

Phone: _____ Fax: _____

Copy to: _____

Stat Report