OASIS CARDIAC CENTRE
Global Cardiovascular Management

REQUISITION FORM

GENERAL INFORMATION

PATIENT INFORMATION (LABEL):

Last Name, First Name	DOB (MM/DD/YYYY)	Gender
Health Number	**Version Code**	**Phone #**

TRANSLATION

Does the patient require a translator?
Assistance available in:*

- ☐ Arabic
- ☐ Punjabi
- ☐ Turkish
- ☐ Urdu
- ☐ Hindi

Translation assistance subject to availability.

REFERRING PHYSICIAN:

Referring MD	Phone #	Fax #	Date (MM/DD/YYYY)	Signature

COPY TO: ____________________ COPY TO: ____________________

REQUEST

☐ **Urgent** ☐ **Routine**

Walk-in Services:
- ☐ ECG
- ☐ 24HR BP Monitor
- ☐ Holter Monitor ○ *3-Day* ○ *7-Day*

By App't Only:
- ☐ Cardiac Consult
- ☐ Echo
- ☐ Stress Echo

☐ If diagnostic test is abnormal, please automatically arrange for Cardiac Consultation

REASON FOR REFERRAL

☐ Abnormal ECG	☐ Cardiomyopathy	☐ Hypertension	☐ Shortness of Breath
☐ Arrhythmia / A-Fib	☐ Chest Pain	☐ Murmur	☐ Syncope
☐ CAD Management	☐ CHF (Systolic / Diastolic)	☐ Palpitations	☐ TIA / Stroke
☐ Cardiac Risk Assessment	☐ Dizziness	☐ Post PCI / CABG	☐ Valvular Heart Disease

☐ Other:

☐ **Pretest likelihood of CAD** (Coronary Artery Disease) ○ Low ○ Intermediate ○ High

☐ **ASCVD/Global CHD 10-Year Risk** (Atherosclerotic Cardiovascular Disease) ○ Low ○ Intermediate ○ High

CARDIAC CONSULT

☐ **Dr. Tarhuni** ☐ **Dr. Jelani** ☐ **First Available**

Additional History & Information:

REF: OCC-REQ-FAX-2024

Please bring ALL of your medications (in their original containers) to your appointment

Please Fax Requisition to: 587-475-8538

215-971 64th Ave NE | Calgary, AB T2E 7Z4 | **T:** 587-747-0761 | **F:** 587-475-8538

INSTRUCTIONS FOR EXERCISE STRESS ECHO

- 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 scheduled appointment, 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
- Inderal
- Ismo
- Isoptin
- Lopressor
- Metoprolol
- Nadolol
- Nifedipine
- Norvasc
- Nitrodur
- Propranolol
- Pindolol
- Tiazac
- Timolol
- Verapamil

APPROPRIATE CRITERIA FOR EXERCISE STRESS ECHO TEST & ECHO:

Exercise Stress Echo Test:

- ☐ Non acute chest pain with low pretest likelihood of CAD and abnormal ECG
- ☐ Non acute chest pain with intermediate or High pre-test likelihood for CAD
- ☐ Newly diagnosed CHF or LV dysfunction without chest pain
- ☐ Arrhythmia Frequent PVCs (>1PVC/min), non-sustained VT (3 ≥ PVCs at rate >100bpm)
- ☐ Intermediate or high global (Framingham) CAD risk without chest pain
- ☐ Coronary Calcium Agatston score > 400 without chest pain
- ☐ Treadmill stress test or Nuclear imaging study with equivocal or borderline result
- ☐ Treadmill stress test with intermediate or High Duke Risk Score
- ☐ Post PTCA or CABG with chest pain
- ☐ Post incomplete revascularization PTCA or CABG without chest pain
- ☐ Known LV systolic dysfunction of unclear etiology
- ☐ Syncope of unclear etiology
- ☐ Significant cerebrovascular or peripheral atherosclerosis
- ☐ Equivocal or non-diagnostic results from other stress modalities
- ☐ Periodic (≥2 yrs) re-evaluation of patients with intermediate or high global CAD risk
- ☐ Post MI or ACS for risk stratification 9 (within 3 months)
- ☐ Periodic (≥1yr) re-evaluation of stable patients with known CAD

J AM Soc Echo 2011; 24:229-67

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 (> 3 pvcs at rate more than 100 bpm) or
- ☐ Exercise induced PVCs
- ☐ Suspected Pulmonary HTN or Routine Annual f/u of pulmonary HTN
- ☐ Routine 3 years followup of Mild valvular stenosis
- ☐ Routine annual followup of moderate to severe valvular stenosis or regurgitation
- ☐ Prosthetic valve, initial post operative suspected dysfunction or routine 3 year followup
- ☐ 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 followup

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Canadian CorHealth-Echo-Standards-2021

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Oasis Cardiac Centre

Excellence in Patient-Centered Care

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