



**Cardio-Respiratory and  
Electrodiagnostic Referral**

Markham Stouffville Hospital Booking Line: 905-472-7020  
 Fax: 905-472-7078  
 Uxbridge Hospital Booking Line: 905-852-9771 x5249  
 Fax: 905-852-2465

Hospital MRN #: \_\_\_\_\_  
 Patient Name (Last, First): \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Sex: F M  
 Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 WSIB #: \_\_\_\_\_  Non OHIP (Self-pay) or Refugee  
 Tel. # (Best Daytime): \_\_\_\_\_ Alternate #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Urgent  Routine

<b>Date</b>	<b>Referring MD</b>	<b>Signature</b>	<b>MD Phone#</b>	
<b>CPSO #</b>	<b>Billing #</b>	<b>Language Preferred</b>	<b>Name &amp; number of interpreter to help schedule appointment, if available</b>	
Additional Copies to:				
Clinical Information:				
<b>CARDIOVASCULAR:</b> <input type="checkbox"/> Holter Monitor <input type="checkbox"/> MSH <input type="checkbox"/> Uxbridge <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 72 hr <input type="checkbox"/> 14 Day Holter (MSH only) <input type="checkbox"/> Ambulatory Blood Pressure Monitoring (fee) <input type="checkbox"/> Cardiac Stress Test <input type="checkbox"/> Exercise Cardiolute Test <input type="checkbox"/> Persantine Cardiolute Test - if patient is unable to walk on a treadmill/ LBBB <input type="checkbox"/> Gated Heart - MUGA <input type="checkbox"/> MSH <input type="checkbox"/> UXB <input type="checkbox"/> Echocardiogram - 2D with colour doppler <input type="checkbox"/> MSH <input type="checkbox"/> UXB (18 yrs and older ONLY. Under 18 yrs, please refer to Paediatric Cardiologist) <input type="checkbox"/> ECHO with contrast <input type="checkbox"/> Transesophageal Echo (TEE) <input type="checkbox"/> Previous Echo _____ <input type="checkbox"/> ECG only (done in Outpatient Lab) <input type="checkbox"/> ECG with any Diagnostic Test (done in CRS) <input type="checkbox"/> Fetal echo with consult (Fax to 416-282-9897) <input type="checkbox"/> Pediatric echo with consult (Fax to 416-282-9897)			<b>Appt Date</b>	<b>Time</b>
<b>RESPIRATORY:</b> <input type="checkbox"/> Routine Pulmonary Function Test <input type="checkbox"/> Other: _____ <input type="checkbox"/> Supine FVC (MSH Respirologists only) <input type="checkbox"/> MIPS/MEPS (MSH Respirologists only) <input type="checkbox"/> Methacholine Inhalation Test (must have had a Pulmonary Function Test) <input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> 6 minute walk test - assessment of functional capacity <input type="checkbox"/> Home Oxygen Assessment (Respirologist referral only) <input type="checkbox"/> Exercise Induced Asthma Study (Respirologist referral only) <input type="checkbox"/> Cardio-Pulmonary Exercise Test - Please include a copy of echo results or schedule an echo prior to this test <input type="checkbox"/> Chest Xray				
<b>ELECTRODIAGNOSTICS:</b> <input type="checkbox"/> EEG Adult <input type="checkbox"/> EEG Sleep Deprived Adult <input type="checkbox"/> EEG Infants (0 - 3 yrs) <input type="checkbox"/> EEG Sleep Deprived Pediatric (4 - 18 yrs) <input type="checkbox"/> EEG Pediatric (4 - 18 yrs)				



**PLEASE ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT TO REGISTER AND ARRIVE TO YOUR APPOINTMENT LOCATION.  
 Bring Medications to your appointment. Brochures are available at [www.oakvalleyhealth.ca](http://www.oakvalleyhealth.ca) /areas of care/diagnostic services**

Patients are discouraged from bringing their children to the hospital when the child is not the patient.  
Please visit [www.oakvalleyhealth.ca](http://www.oakvalleyhealth.ca)

## CARDIO-RESPIRATORY & ELECTRO-DIAGNOSTIC

**\* We ask that you please keep the area a PERFUME FREE ENVIRONMENT \***

**Echocardiogram (Ultrasound of the heart)** Allow 45 minutes. No Preparation needed. Wear two-piece outfit.

**Cardiac Stress Test** Takes 30 minutes. No coffee / tea day of test, eat two hours prior to test.  
Wear exercise clothing (shorts, pants, rubber soled shoes and short sleeved t-shirt). Stop Beta Blockers only on your Doctor's orders. Bring medications. No lotions / creams on chest.

**Holter Monitor / Ambulatory Blood Pressure Monitor** Takes 30 minutes. Wear a comfortable two-piece loose outfit and a belt. Bring medications. No lotions / creams on chest.

**Cardiolite Test** Takes approximately four hours **MUST BRING** comfortable pants or shorts, loose fitting short-sleeved shirt, rubber-soled closed toe shoes. Bring medications.  
-No Beta Blocker medicine for 48 hours (unless your Doctor tells you not to stop them) check with pharmacy which medicines are Beta Blockers.  
-No decaf or caffeine drinks, no green tea, no chocolate, no pop for 24 hours before test date.  
-No Tylenol or other medicines or supplements containing caffeine for 24 hours before test date.  
-No eating for three to four hours before test (diabetics may have juice).

**Cardio-pulmonary Exercise Test** Takes one hour. No alcohol 24 hours prior to test.  
No caffeine or nicotine day of test. Do not exercise day of test. Have only a light meal on day of test.  
Wear comfortable clothing and rubber-soled shoes. Bring all medications to your appointment.

**Pulmonary Function Test** Takes 30 minutes. No asthma inhalers 12 hours prior to the test, except **Salbutamol (Ventolin) which may be taken up to four hours prior to test**

**Methacholine Challenge** Takes one hour. Ensure detailed instructions are given to you by your Respiratory Therapist during your pulmonary function test. No asthma inhalers 12 hours prior to test.  
**No antihistamines four days prior to test. Salbutamol (Ventolin) may be taken up to eight hours prior to test.**

**Exercise Induced Asthma (Refer to Pulmonary Function Test and Cardiac Stress Test.)**  
Takes one hour and a half (not for children under age nine).

**EEG (Adult & Paediatric)** Wash hair day of test. No gels or hairsprays.  
No caffeine products (coffee, tea, chocolate).

**EEG Sleep Deprived (Adult)** Remain awake the entire night, wash hair day of test.  
No gels or hairsprays. No caffeine products (coffee, tea, chocolate).

**EEG Sleep Deprived (Paediatric)** Four to eight years old. (Remain awake from 0400 hrs).  
Nine - 12 yrs old. (Remain awake from 0200 hrs).  
13 - 17 yrs old. (Remain awake the entire night).  
Wash hair day of test. No gels or hairsprays. No caffeine products (coffee, tea, chocolate).

**EEG Infants** Keep child awake until time of the appointment.  
Bring something comforting for the child (i.e. blanket, soother, bottle.)

**YOU MUST ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT AND BRING THIS REQUISITION**