



**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

Date	Referring MD		Signature	MD Phone#	
CPSO #	Billing #	Language Preferred	Name & number of interpreter to help schedule appointment, if available		
Additional Copies to:					
Clinical Information:					
CARDIOVASCULAR:				Appt Date	Time
<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)					
RESPIRATORY:					
<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					
ELECTRODIAGNOSTICS:					
<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 /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

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