



CARDIAC DIAGNOSTIC REQUISITION

Patient Information:

- Alexandra Hospital Ingersoll (AHI)
 AHI Scheduling/Bookings Contact:
 Phone: 519-485-9611 Fax: 519-485-9601
- Tillsonburg District Memorial Hospital (TDMH)
 TDMH Scheduling/Bookings Contact:
 Phone: 519-842-6335 Fax: 519-842-4299

Name (Last, First): _____
 Date of Birth (DOB): _____ Male Female
YYYY MM DD
 Personal Identification Number (PIN): _____
 Address: _____
 Phone Number (Home): _____
 (Other): _____
 Health Card Number: _____ Version Code: _____

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____
 Phone: _____ Fax: _____
 Provider Billing #: _____
 Provider Signature: _____
 Copy to: _____

Patient Height: _____ centimeter (cm)

Patient Weight: _____ kilograms (kg)

- Patient greater than 450 pounds (lbs) or 204kg
- Patients must be 12 years or older

Medications: _____

Relevant Patient History: (reason for exam):

CARDIAC EXAMINATION(s) Requested:

Clinical Indications for Stress, Holter or ECG:

- Standard Graded Exercise Stress Test (TDMH Only)
NOTE – patient must be able to walk on treadmill and have no physical or cognitive impairments.
- Holter Monitor – patient is able to shower (TDMH Only)
 - 72 hours Holter patch 14 days
- Electrocardiogram (ECG)

- Cardiac Rehabilitation
 - Intake or Exit
- Chest Pain
- Lightheadedness
- Functional Capacity
- Palpitations
- Arrhythmia Evaluation
- Post Myocardial Infarction (MI)
- Post Percutaneous Coronary Intervention (PCI) or Coronary Artery Bypass Grafting (CABG)
- Syncope
- Other (specify) _____

UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RETURNED AND APPOINTMENTS WILL NOT BE BOOKED UNTIL A SIGNED AND COMPLETED REQUISITION IS RECEIVED.