WINDSOR CARDIAC CENTRE
Global Cardiovascular Risk Management
ACCREDITED WITH EXEMPLARY STANDING

REQUISITION FORM

Canada's First & Highest-Ranking Accredited Outpatient Cardiac Facility

REQUEST:

In our continuous effort to provide the best possible care, improve patient access to cardiac care and reduce the waiting time, we are pleased to provide the following Cardiac Diagnostic Services:

☐ Stress Echo ☐ Cardiac Consult ☐ Echo ☐ ECG

☐ **Cardiophone** Loop Monitor ☐ Holter Monitor ☐ 24 HR BP Monitor ($30)

LOCATION:

	Tel	Fax
☐ **Windsor Cardiac Centre,** 5-130 Ouellette Place	**(519) 250-4449**	**(519) 250-7807**

***Directions from Windsor Regional Hospital Metropolitan Campus:** Turn left at Tecumseh Rd. West, then turn left at Howard Ave. Turn right at Eugenie St. East, then turn left at Ouellette Ave. Windsor Cardiac Centre is on your right.
***Directions from Windsor Regional Hospital Ouellette Campus:** Head south on Ouellette Ave, past Tecumseh Rd. Windsor Cardiac Centre is on your right side, South of the Petro Canada gas station, across from Tepperman's.

PATIENT INFORMATION (LABEL):

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

REFERRING MD: _____ COPY TO: _____

APPROPRIATE CRITERIA FOR CARDIAC SCREENING / STRESS TESTING

The most common presentation of Coronary Artery Disease (CAD) is sudden death, and according to 2010 ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults, (J.AM. Coll. Cardiol. 2010;56; 2182-2199) we strongly recommend Cardiovascular Screening for the following moderate to high risk patients:

☐ DM>45 years old*
☐ Stroke / TIA+
☐ High Blood Pressure
☐ High Cholesterol
☐ Family history of premature CAD
☐ Abnormal Baseline ECG
☐ Competitive Sports Athletics
☐ History of Peripheral Vascular Disease

Canadian J of Diabetes, Sep 2008
+CAD present 1/2 stroke, 1/3 PAD patients, J AM Geriatr. Soc 1999 Oct/47(10):1255-6

APPROPRIATE CRITERIA FOR Cardiophone LOOP & HOLTER*

☐ TIA / Stroke* ☐ Dizziness ☐ Rule out Cardiac Arrythmia ☐ Palpitation
☐ Rule out PAF ☐ Presyncope ☐ Rule out Tachycardia ☐ Chest Pain (monitor ST segment)
☐ Lightheaded ☐ Syncope ☐ Rule out Bradycardia

N Engl J Med 2014; 370:2467-2477 June 26, 2014

OFFICE USE ONLY

Test	Appropriateness	Booked Date	Booked Time	Confirmed Yes/No
Echo				
SE / ST				
Consult				
Loop				

REF: WCC-REQ-2016

REASON FOR REFERRAL:

☐ Chest Pain
☐ CV Screening
☐ Post CABG
☐ Arrhythmia
☐ Syncope
☐ Palpitation
☐ INR Monitor
☐ Equivocal Treadmill Stress Test
☐ Equivocal Nuclear Stress Test
☐ Screening Cardiomyopathy
☐ Abnormal ECG
☐ CAD
☐ Other_____
☐ Intermediate or High Duck Treadmill Riskscore
☐ Diabetic Cardiovascular Screening
☐ Presyncope / Dizziness / Lightheadedeness
☐ Left Ventricle Function
☐ Atrial Fibrillation
☐ CHF (Systolic / Diastolic)
☐ Suspected Pulmonary Hypertension
☐ Follow up Pulmonary Hypertension
☐ Hyperlipidemia
☐ Shortness of Breath
☐ Abnormal CXR
☐ Cardiac Risk Assessment
☐ Aortic / Mitral Stenosis
☐ Aortic / Mitral Regurgitation
☐ Valvular Heart Disease
☐ Post CAB
☐ TIA / Stroke
☐ HTN
☐ CHF
☐ Murmur

INSTRUCTIONS FOR STRESS ECHO TEST

The Stress Echo Test consists of two parts:

- 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 the scheduled time to allow for registration, 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

INSTRUCTIONS FOR Cardiophone LOOP MONITOR & HOLTER MONITOR

The Cardiophone Loop Monitor & Holter Monitor Tests consist of two parts:

- The first part happens the day you receive the heart monitor. This will take about 15 minutes. During this time, you will have a Baseline 12-lead ECG, fill out a cardiac questionnaire, sign an equipment loan agreement and transmit a baseline ECG, and have any questions you have about the use of the heart monitor answered.

- The second part takes place the day you return the heart monitor to our office. Please remember to return your diary with the **Cardiophone** monitor.

The **Cardiophone Loop Monitor** & **Mobile Cardiac Telemetry Holter Monitor** are small, accurate, convenient & accessible, state-of-the-art real time cardiac monitor, that are the first of their kind in Canada to use cellphone technology to continuously monitor your heart in real time and transmit any electrical abnormalities to our 24/7 central monitoring station automatically to help in early diagnosis and prompt therapy.

The entire test will be done, analyzed and interrupted at the Windsor Cardiac Centre by highly qualified **Board Certified Cardiologists.** The test is covered by Basic **Ontario Health Plan**.

APPROPRIATE CRITERIA FOR CARDIAC STRESS ECHO*

- ☐ 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
- ☐ Acute/ER chest pain, possible ACS with low-risk TIMI score
- ☐ Acute/ER chest pain, possible ACS with High-risk TIMI score and negative /borderline troponin and ischemia, LBBB or pacing ECG
- ☐ Newly diagnosed CHF or LV dysfunction without chest pain
- ☐ Arrhythmia Frequent PVCs (>1PVC/min), nonsustained VT (3 ≥ PVCs at rate >100bpm) Sustained VT (lasted ≥ 30 sec at rate ≥100bpm) or, Exercise induced VT without chest pain
- ☐ Intermediate or high global (Framingham) CAD risk without chest pain
- ☐ Coronary Calcium Agatston score > 400 without chest pain
- ☐ Preoperative for vascular surgery with ≥ cardiac risk factor
- ☐ Treadmill stress test or Nuclear imaging study with equivocal or borderline result
- ☐ Treadmill stress test with intermediate or High Risk
- ☐ Post PTCA or CABG with chest pain
- ☐ Post incomplete revascularization PTCA or CABG without chest pain

**J AM Soc Echo 2011; 24:229-67*

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

** J Am Soc Echo 2011;24:229-67*