



REQUISITION FORM



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 24 HR BP Monitor (\$30)
- Cardiophone** Real-time Loop Monitor Real-time Holter Monitor 3-days
 2 weeks

LOCATION:

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

*Directions from Windsor Regional Hospital Metropolitan Campus: Turn left at Tecumseh Rd., 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	

REF. MD:

COPY TO:

REASON FOR REFERRAL:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Equivocal Treadmill Stress Test | <input type="checkbox"/> Cardiac Risk Assessment / Screening |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Screening Cardiomyopathy | <input type="checkbox"/> Diabetic Cardiovascular Screening |
| <input type="checkbox"/> Post CABG | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Presyncope / Dizziness / Lightheadedness |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> CAD Management | <input type="checkbox"/> CHF (Systolic / Diastolic) |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Palpitation | <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Murmur | <input type="checkbox"/> Abnormal CXR | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TIA/Stroke | <input type="checkbox"/> Valvular Heart Disease | _____ |

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.A.M. Coll. Cardiol. 2010;56; 2182-2199) we strongly recommend Cardiovascular Screening for the following moderate to high risk patients:

- | | |
|--|---|
| <input type="checkbox"/> DM>45 years old* | <input type="checkbox"/> Family history of premature CAD |
| <input type="checkbox"/> Stroke / TIA+ | <input type="checkbox"/> Abnormal Baseline ECG |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Competitive Sports Athletics |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> 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*

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> TIA / Stroke* | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Rule out Cardiac Arrhythmia | <input type="checkbox"/> Palpitation |
| <input type="checkbox"/> Rule out PAF | <input type="checkbox"/> Presyncope | <input type="checkbox"/> Rule out Tachycardia | <input type="checkbox"/> Chest Pain
(monitor ST segment) |
| <input type="checkbox"/> Lightheaded | <input type="checkbox"/> Syncope | <input type="checkbox"/> Rule out Bradycardia | |

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

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 (≥ 3 pvc's 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 reevaluation of enlarged AA
- Initial evaluation of HTN (rule out hypertensive heart disease)
- Initial evaluation of CHF (systolic or diastolic)
- Reevaluation CHF (systolic or diastolic) change clinical status or to guide therapy
- Initial evaluation of cardiomyopathy
- Reevaluation of cardiomyopathy with change in clinical status or to guide therapy
- Initial evaluation of adult congenital heart disease and routine annual followup
- Screening first degree relative for cardiomyopathy

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





DIABETIC CARDIOVASCULAR SCREENING & REQUISITION FORM



BACKGROUND

More than 80% of people with diabetes will die from heart disease.¹ Up to 50% of them will not have Chest Pain (**Silent Ischemia**).²

Essex County has the highest rate of heart attack, stroke and cardiovascular death in Ontario. **One of the most important preventative measures is a periodic health exam.**³

The Canadian Diabetic Association Guidelines recommend Cardiovascular Screening for all high risk diabetic patients and initiation of cardiovascular protection therapy.⁴

1. G.L. Booth M.K. Kapral K. Fung J.V. Tu. Lancet 368 2006 29.

2. DIAD Study. Diabetes Care 2004; 27: 1954-1961.

3. B. Cross, Windsor Star. (2017, April 03). Retrieved April 03, 2017, from <http://windsorstar.com>.

4. Can J Diabetes 2013;37(suppl 1):S1-s212

RECOMMENDATIONS FOR ALL DIABETIC PATIENTS

- A A1C** - optimal glycemic control (usually < 7%)
- B BP** - optimal blood pressure control (< 130/80 mmHg)
- C Cholesterol** - LDL-C < 2.0 mmol/L if decision made to treat
- D Drugs** - to protect the heart (ACEi or ARB, Statin, ASA if indicated)
- E Exercise** - regular physical activity, healthy diet & body weight
- S Smoking cessation**

RECOMMENDATIONS FOR HIGH RISK DIABETIC PATIENTS⁴

- | | | |
|--|------------------------|--|
| <p>Any one of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age > 40 <input type="checkbox"/> DM > 15 | <p>IF YES →</p> | <p>Statin</p> |
| <p>Is the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Over > 55 years | <p>IF YES →</p> | <p>Statin + ACEi or ARB</p> |
| <p>Have they had:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Microvascular Disease <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Nephropathy | <p>IF YES →</p> | <p>Statin + ACEi or ARB</p> |
| <p>OR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Macrovascular Disease <input type="checkbox"/> CAD <input type="checkbox"/> PVD <input type="checkbox"/> Stroke / TIA | <p>IF YES →</p> | <p>Statin + ACEi or ARB + ASA</p> |

INDICATION FOR CARDIOVASCULAR SCREENING⁴

AGE

- Over 40 years old or duration of diabetes more than 15 years

MICROVASCULAR DISEASE

- Retinopathy
- Nephropathy
- Increase creatinine or low GFR
- Neuropathy
- ACR > 2.0 mg/mmol

MACROVASCULAR DISEASE²

- Chest pain
- Abnormal ECG (Silent Ischemia)²
- Shortness of Breath²
- ABI < 0.9 (PAD)
- Decreased pulse
- Claudicating
- TIA / Stroke
- Carotid Bruit / Stenosis
- CAD

MORE THAN 2 RISK FACTORS

- Hypertension
- High Cholesterol (LDL > 2.0 mmol/L)
- Smoking
- Family History of Premature CAD or Stroke (< 60 years old)

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PATIENT INFORMATION (LABEL):

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		DD/MM/YYYY	
Health Number		Version Code	Phone Number

REF. MD:

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