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 ☐ 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:

☐ Chest Pain ☐ Hypertension ☐ Post CABG ☐ Arrhythmia ☐ Syncope ☐ Palpitation ☐ Murmur ☐ TIA/Stroke

☐ Equivocal Treadmill Stress Test ☐ Screening Cardiomyopathy ☐ Abnormal ECG ☐ CAD Management ☐ Atrial Fibrillation ☐ Pulmonary Hypertension ☐ Abnormal CXR ☐ Valvular Heart Disease

☐ Cardiac Risk Assessment / Screening ☐ Diabetic Cardiovascular Screening ☐ Presyncope / Dizziness / Lightheadedness ☐ CHF (Systolic / Diastolic) ☐ Shortness of Breath ☐ High Blood Pressure ☐ Other: _____

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:

☐ 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 Arrhythmia ☐ 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

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 pvcs 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 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
☐ 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*

REF: WCC-REQ-2018

WINDSOR CARDIAC CENTRE
Global Cardiovascular Risk Management
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DIABETIC CARDIOVASCULAR SCREENING & REQUISITION FORM

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

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 PATIENTS[4]

Any one of:	☐ Age > 40 ☐ DM > 15	**IF YES**	**Statin**
Is the patient:	☐ Over > 55 years	**IF YES**	**Statin + ACEi or ARB**
Have they had: ☐ **Microvascular Disease**	☐ Retinopathy ☐ Neuropathy ☐ Nephropathy	**IF YES**	**Statin + ACEi or ARB**
OR: ☐ **Macrovascular Disease**	☐ CAD ☐ PVD ☐ Stroke / TIA	**IF YES**	**Statin + ACEi or ARB + ASA**

INDICATION FOR CARDIOVASCULAR SCREENING[4]

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 DISEASE[2]

☐ Chest pain ☐ Abnormal ECG (Silent Ischemia)[2] ☐ Shortness of Breath[2]
☐ 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)

REQUEST FOR

PATIENT INFORMATION (LABEL):

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

REF. MD:

COPY TO:

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