



CARDIAC DIAGNOSTIC REQUISITION

- ☐ 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

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____

Phone: _____ Fax: _____

Provider Billing #: _____

Provider Signature: _____

Copy to: _____

Date of Referral: _____
(YYYY/MM/DD)

Patient Information:

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: _____

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:

- ☐ 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)

Clinical Indications for Stress, Holter or 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.