

ECHOCARDIOGRAPHY 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

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)

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: _____
 Workplace Safety & Insurance Board (WSIB)? (Please include approval for specific exam)
 Claim #: _____
 Date of injury (YYYY/MM/DD): _____
 3rd Party or Insurance (Company or Self-pay): _____
 Patient Height: _____ Centimeters (cm)
 Patient Weight: _____ Kilograms (kg)
RESTRICTED MOBILITY

STANDARD INDICATIONS FOR ECHOCARDIOGRAM

Abnormal Diagnostic Imaging Findings	Myocardial Infarction: Date (YYYY/MM/DD): _____
Arrhythmias/ Palpitations	Myocarditis
Cardiac Masses	Neurologic or Other Possible Embolic events
Cardiomyopathy: Describe	Pericardial Diseases: Describe
Chemotherapy/Cardio Toxic Drugs	Pre-Cardioversion/Pre-Pacemaker
Chest Pain or Tightness	Pre-Transplant Assessment
Coronary Artery Disease (previously diagnosed); if asymptomatic – 1 year follow-up	Prosthetic Heart Valve: Year _____ Aortic Mitral Tricuspid Pulmonic
Dyspnea (Shortness of Breath) or Edema	Pulmonary disease or Embolism: Describe:
Endocarditis	Suspected Structural Heart Disease: (with no previous echocardiogram)
Family History of Structural Cardiac Disease (Complex congenital anomalies refer to tertiary site)	Syncope / Pre-Syncope
Heart Failure	Thoracic Aortic Disease: Describe
Heart Murmur	Valvular Regurgitation: Aortic Mitral Tricuspid Pulmonic
Hypertension (new onset or uncontrolled)	Valvular Stenosis: Aortic Mitral Tricuspid Pulmonic
History/Other: (May require approval)	
UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RETURNED AND APPOINTMENTS WILL NOT BE BOOKED UNTIL A SIGNED AND COMPLETED REQUISITION IS RECEIVED.	