

**ADULT CARDIOLOGY PROGRAM
ECHOCARDIOGRAPHY REQUEST**

PATIENT'S ADDRESS _____
STREET _____
CITY _____ PROVINCE _____ POSTAL CODE _____
TELEPHONE # _____
HOME _____ OFFICE _____

***ALL SECTIONS MUST BE COMPLETED BY M.D. IN ORDER TO SCHEDULE TEST (PLEASE PRINT)**

ST. BONIFACE - BERGEN CARDIAC CARE CENTRE	HEALTH SCIENCES CENTRE SITE
2 ND Floor, Y2 Appts 235-3805 Fax 231-5727	Rm GD157 - Blue Desk Appts 787-7140 Fax 787-1840
ALL REQUESTS MUST BE FORWARDED TO CORRECT LOCATION	

- ☐ **TRANSTHORACIC ECHOCARDIOGRAPHY**
- ☐ **TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)**
- ☐ **STRESS TRANSTHORACIC ECHOCARDIOGRAPHY**
Exercise or Pharmacologic (**circle one**)
- TEE AND STRESS ECHO ONLY WITH PRIOR CONSULTATION/APPROVAL BY CARDIOLOGIST**
- Transesophageal and Stress Echocardiography Guidelines**
- NPO 4 hrs pre-investigation
 - Able to provide informed consent
 - Strongly consider holding B-blockers x48 hours (Dobutamine stress).
Note: It is the responsibility of the referring physician to determine relative safety and value of withholding or continuing the medication.
 - No contraindications to esophageal intubation (TEE only)

PATIENT INFORMATION (please PRINT and/or CIRCLE or CHECK)

1. Height _____ Weight _____ ALLERGIES _____
2. PREVIOUS ECHO: Y N DATE: _____ LOCATION: HSC SBGH OTHER _____
3. CLINICAL QUESTION:
- ☐ CHF ☐ LVH ☐ LV systolic fn ☐ LV diastolic fn ☐ Murmur NYD ☐ AS ☐ AR ☐ MS ☐ MR ☐ Endocarditis
- ☐ Pericardial Effusion ☐ Source of Embolism ☐ R/O Structural Heart Disease ☐ Prosthetic Valve (type and size) _____
- ☐ PA Pressure Calc'n ☐ Congenital Heart Disease: _____ ☐ Other: _____
- CLINICAL LIKELIHOOD/SEVERITY OF ABOVE: LOW INTERMEDIATE HIGH
4. THIS STUDY REQUESTED FOR: ROUTINE OR FOLLOW-UP A NEW CLINICAL PROBLEM
5. THIS IS A: PRE-OPERATIVE STUDY operative date: _____ PREGNANT PATIENT due date: _____
6. THIS PATIENT IS TRAVELLING > 100 KM TO ATTEND A CONCOMITANT CLINIC DATE — clinic date: _____
- PHYSICIAN SIGNATURE _____ STAFF MD NAME _____ DATE OF REQUEST _____

SEND REPORT TO: NAME _____
(PLEASE PRINT) ADDRESS _____
TELEPHONE # _____ FAX # _____
ADDITIONAL REPORTS TO : + _____ FAX # _____

FOR ECHO USE ONLY

Category: A - fit and ready	B - delay due to medical	C - delay due to personal choice <input type="checkbox"/>
Priority: 1 - emergent 2 - urgent 3 - elective 4 - routine 5 - follow-up	Suspicion of Cancer? (check if yes)	