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| **Echocardiography Requisition**  **Louise Marshall Hospital**  **Fax Completed requisition to 519-943-0980** | | |
| **PATIENT INFORMATION:**  Last Name: First Name:  DOB: (dd/mm/yyyy)  Health Card Number:  Address:  *Street*  *City Province*  *Postal Code Phone:*    **Height:\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **REFERRING PHYSICIAN:**  Name:  Address:  *Street*  *City Province Postal Code*  *Phone: Fax:*  Additional copies: |
| **For urgent requests please contact the department directly 519-323-2210 x 74701** | | |
| **Urgent** **Elective**   **Is this a pre-operative assessment?**  **No**  **Yes  *Date of Surgery*** *(if known)****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Translator Required?**  **No**  **Yes  *If yes, Specify Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |
| **ECHOCARDIOGRAPHY** |  **Transthoracic Echocardiogram (no patient prep)** | |
| **INDICATION: *Check all that apply \*\* Requisitions without appropriate indication/clinical information will be returned\*\****  ** Prior MI  Cardiac Cath  CABG**  ** Valve Replacement  Mechanical  Tissue *Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ** Chest pain  Dyspnea  Palpitations  AFib  Syncope**  ** Murmur*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ** LV dysfunction  Cardiomyopathy  Aortic Disease  Source of embolus  Pericardial Disease**  ** Chemotherapy**  ** LVH  RV dysfunction  Congenital  Pulmonary HTN**  ** Valve Disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ** Cardiac screening for asymptomatic patients with multiple cardiovascular risk factors (*select all that apply)*:**  **Smoker Diabetic Dyslipidemia Hypertension  Stroke/TIA  PVD  Family History CAD**  ** Abnormal ECG**  **CLINICAL INFORMATION:** | | |

**Physician’s Signature: Date:** \_

**Office Use Only**

**Date Received: Scheduled Appointment: Patient Notified** 

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| ***Suggested Chest Pain Assessment Algorithm (Excluding Acute Coronary Syndromes)*** | |
| **STEP 1. Estimate Pretest Probability of Obstructive Coronary Disease as the cause for the patient’s chest pain:** | |
| **Chest Pain Characteristics:**   1. Substernal chest discomfort, with characteristic quality and duration 2. Provoked by exertion or emotional stress 3. Relieved by rest and/or Nitroglycerine | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Non-Anginal**  **Chest Pain**  **≤ 1 *of* 3** | | **Atypical Chest Pain**  **2 *of* 3** | | **Typical Anginal**  **Chest Pain**  **3 *of* 3** | | | **Age** | *Male* | *Female* | *Male* | *Female* | *Male* | *Female* | | 30-39 | 4% | 2% | 34% | 12% | 76% | 26% | | 40-49 | 13% | 3% | 51% | 22% | 87% | 55% | | 50-59 | 20% | 7% | 65% | 33% | **93%** | 73% | | 60-69 | 27% | 14% | 72% | 51% | **94%** | **86%** | |
| **STEP 2. Determine the appropriate non-invasive risk stratification method:** | |
|  | |
| **Stress Test with Consultation & +/- Consultation Services:**   * Appropriate for the evaluation of patients presenting with chest pain or dyspnea with intermediate to high pre-test probability of obstructive CAD * Cardiovascular screening for asymptomatic patients with multiple cardiovascular risk factors * Pre-operative cardiac assessment, in patients with multiple cardiovascular risk factors or known CAD, not currently followed by a Cardiologist, ***WHEN*** it will change management * +/- Consultation means a consultation will be provided in the event of a high risk study * Stress test with Consultation service is ***NOT*** appropriate for patients who are currently being followed and managed by a Cardiologist. In this case, either refer directly to that physician’s office or order a test only, with the results copied to the patient’s usual Cardiologist | |