

**By appointment only.**

All cardiac testing requests **must be faxed**. All cardiac tests require an appointment.  
Incomplete requisitions will be returned.

Circle one: **Routine** (within 2 months)      **Semi-Urgent** (within 4 weeks)      **Urgent** (within 2 weeks)

Patient Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Cardiac Stress Test<sup>1,2,3</sup> (please select appropriate indication):      ☐ consult after      ☐ no consult after

- ☐ Male/Female able to exercise, with chest pain or dyspnea for CAD diagnosis, normal ECG
- ☐ Intermediate Framingham risk score, 10-20%, evaluation of suspected exercise induced ischemia
- ☐ Post CABG or PCI, evaluation of activity level or exercise counseling
- ☐ Arrhythmias, evaluation of suspected exercise induced
- ☐ Commercial drivers/pilots, occupation impacting public safety (Not OHIP covered)
- ☐ Other (please specify): \_\_\_\_\_

Holter Monitor (please select appropriate indication):

- ☐ 24 hour
- ☐ 48 hour
- ☐ 72 hour
- ☐ 2 week
- ☐ Atrial fibrillation rate assessment (24 hours)  
Assessment for possible arrhythmia (suggest preliminary testing 48 hours):
  - ☐ Palpitations      ☐ Atrial Fibrillation
- ☐ Syncope (14 days)
- ☐ Other (please specify): \_\_\_\_\_

☐ **ECG**

☐ Echocardiogram

<sup>1</sup> Requirement - Ability to walk for a minimum of 6 minutes unaided

<sup>2</sup> Contraindications:

- Hemodynamically significant aortic stenosis (absolute)
- LBBB (relative)
- ST-T change on baseline ECG

<sup>3</sup> Instruct patient to discontinue beta-blockers and calcium channel blockers 48 hours before the test if appropriate and safe

**Clinical History:**

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**Medications:**

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Health Care Provider Name (please print)/Signature

Phone Number –

Fax Number –