KEMPTVILLE DISTRICT HOSPITAL
Building healthier communities

CARDIAC TESTING REQUISITION

2675 Concession Rd. Kemptville, ON K0G 1J0
Phone: 613-258-6133 Ext. 400 **OR** Fax: 613-258-4997
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: _____

Ohip Number: _____

Cardiac Stress Test[1,2,3] (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

[1] Requirement - Ability to walk for a minimum of 6 minutes unaided

[2] Contraindications:

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

[3] Instruct patient to discontinue beta-blockers and calcium channel blockers 48 hours before the test if appropriate and safe

Clinical History:

Medications:		

_____

Health Care Provider Name (please print)/Signature
Phone Number –
Fax Number –

January 19, 2021
Form #1337