Outpatient Echocardiography Requisition
201 Georgian Drive, Barrie, Ontario
Phone: 705-739-5604
Fax: 705-739-5651

NAME: ______________________________

DOB: __________________________ (DD/MM/YYYY)

HRN: ______________________

Appointment Date:
Time:

Preferred Site:
☐ BARRIE - 201 Georgian Drive ☐ INNISFIL - 7325 Yonge Street, Suite 1600

Patient Information

Patient Name______________________________ Address: ______________________________

DOB (dd/mm/yy) ______________ ______________________________

Health card number ______________________ Postal Code: ____________________

List the patient's preferred number. Use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care & appointments can be left at that number:

Home:	☐ Call	☐ can leave a message on voicemail	☐can leave a message with a person
Cell/Work/Other:	☐ Call	☐ can leave a message on voicemail	☐can leave a message with a person

Priority and Echocardiogram History

PRIORITY:	☐ Less than 2 weeks	☐ Less than 1 month	☐ Elective
Previous Echocardiogram?	☐Yes ☐No	Where:	Approximately When?

☐ Adult Echo Transthoracic ☐ With Agitated Saline? (Bubble Study) ***Barrie Only**

☐ Contrast * **Barrie Only** – *Please note this option may be changed at the Cardiologists discretion based on indication.*

☐ Paediatric Echo Transthoracic for children > 6 years of age * **Must be ordered by a Paediatrician *Barrie only**

☐ Transesophageal Echocardiography (TEE) – * **Barrie Only** *The patient will be seen by a Cardiologist at RVH prior to TEE unless ordered by a Cardiologist.*

☐ Stress Echocardiogram ***Barrie Only**

Indication #___________ and Relevant Clinical History:

INDICATION NUMBER: *(Please refer to the back of the referral or the CCN Standards of Echocardiography in Ontario 2015. The reference document is RVH-1968. This document will be available on the RVH Intranet, Manuals & Forms – Cardiovascular & Renal) or http://www.ccnecho.ca/UploadedFiles/files/CCN_Echo_Standards_2015.pdf*

Please note: Requisitions without a reason/clinical information and indication number will be returned to the referring MD

It is your responsibility to advise the patient of their appointment time.

Referring MD:	Family MD:	Physician Signature:
Telephone Number:	Fax Number:	Billing #

Common Indications for Echocardiography

1.1-1.2 Murmur in Patient with symptoms or if structural heart disease cannot be excluded

2.1 Initial assessment of a patient with suspected native valve stenosis

2.2 Known valvular stenosis with change in clinical status

2.4-2.6 Reassessment of valvular stenosis of mild (> 2 yr), moderate (> 1 yr) and severe (> 6months) degree

3.1 Initial assessment of patient with suspected native valve regurgitation

3.2 Assessment of patient with known valve regurgitation and changing clinical status

4.1 Clinically suspected mitral valve prolapse

5.2 Clinically suspected congenital heart disease

5.1 Known congenital heart disease with change in clinical status

6.1 Baseline assessment of new prosthetic valve

6.2 Known prosthetic valve for periodic (≥1 yr) reassessment if no known or suspected prosthetic valve dysfunction

7.1 Clinically suspected infective endocarditis (IE)

7.2 Proven or suspected IE to assess severity of lesions and detect high risk lesions (fistulae, abscesses)

7.3 Reassessment of infective endocarditis with change in clinical status/exam or if high risk for complications

8.1 Clinically suspected pericardial disease

8.3 Reassessment of significant pericardial effusion or with change in clinical status

9.1 Clinically suspected cardiac mass

9.2 Reassessment of surgically removed cardiac mass

9.3 Malignancies with suspected cardiac involvement

9.4 Evaluation of cardiac mass detected by other imaging

10.1 Pre or post evaluation of select minimally invasive cardiac procedures (i.e. valve repair, TAVI)

10.2 Post-intervention baseline studies for valve function/device closure etc. (e.g. within 3 months)

11.1 Clinically suspected pulmonary hypertension

11.2 / 11.4 Reassessment post-treatment of pulmonary hypertension/pulmonary embolism

11.3 Evaluation of pulmonary embolism or unexplained oxygen desaturation

11.5 Pre-lung transplantation assessment

12.2-12.3 Chest pain / troponin rise with hemodynamic instability or suspicious for coronary artery disease

12.4 New murmur with acute or recent myocardial infarction

12.5-12.6 Ventricular function post MI or revascularization

12.8 Reassessment of severe (> 6mo) or mild/ moderate (> 1 yr) ischemic cardiomyopathy to guide therapy

13.1-13.2 Clinically suspected heart failure or Cardiomyopathy

13.3 Evaluation of unexplained hypotension

13.4 Initial and periodic reassessment of LV function with use of cardiotoxic drugs (e.g. chemotherapy)

13.7 Screening of relatives in select inheritable cardiomyopathies (e.g. hypertrophic cardiomyopathy)

13.8 Reassessment of cardiomyopathy and change in clinical status or periodic (> 1yr) reassessment

14.1-14.2 Evaluation of hypertension and suspected LV dysfunction or LVH that may guide management

15.1 Clinically suspected aortic dissection / rupture

15.3 Suspected dilatation of aortic root/ascending aorta

15.6 Reassessment of asymptomatic aortic aneurysm

15.7 Reassessment of aortic pathology with change in clinical status or periodic (≥ 1 yr) post-surgical repair

16.1 Acute arterial embolic event

16.2 TIA/stroke of unknown etiology

17.1 Initial assessment of symptomatic arrhythmia

17.2 Asymptomatic atrial fibrillation, significant atrial or ventricular dysrhythmias (PACs, PVCs, nsVT and VT)

17.3 Syncope of unknown etiology

17.4 Pre-procedural evaluation before EP study, ablation, PPM and ICD implantation if not performed within 3 months

17.5 Evaluation of LBBB or high grade AV block

17.6 Investigation of patients with WPW pre-excitation

17.7 Assessment of ventricular function for possible tachycardia-mediated cardiomyopathy

18.1 Evaluation pre-cardioversion in AF > 48 hr duration without anticoagulation or if known atrial thrombus

20.1-8 Transesophageal echo (TEE) – Cardiology to triage