

INCOMPLETE / ILLEGIBLE REQUESTS WILL BE RETURNED - Resulting in delay of appointment booking

Patient Information (Please Print)

Name: _____ Date of Birth (D/M/Y): _____ Sex: M F
 Address: _____ WSIB: _____ Patient's Weight: _____ lbs _____ Kgs
 Primary Contact # () _____ Secondary # () _____ Patient's Height: _____ ft _____ in
 Health Card #: _____ Version _____ Patient arriving from external healthcare facility: Y N

ECHO
 PEDIATRIC ECHO - (MET CAMPUS ONLY)

- | | |
|--|--|
| Arrhythmia / Palpitations <input type="checkbox"/> | Neuro/Embolic Events <input type="checkbox"/> |
| CAD <input type="checkbox"/> | Pericardial Disease <input type="checkbox"/> |
| Cardiac Mass <input type="checkbox"/> | Prosthetic Heart Valve <input type="checkbox"/> |
| Cardiomyopathy / Dyspnea / Edema <input type="checkbox"/> | Pulmonary Disease <input type="checkbox"/> |
| Chest pain / Coronary Artery Disease <input type="checkbox"/> | Thoracic Aortic Disease <input type="checkbox"/> |
| Congenital Cardiac Structural Disease <input type="checkbox"/> | Valvular Heart Disease <input type="checkbox"/> |
| Endocarditis <input type="checkbox"/> | Valvular Regurgitation <input type="checkbox"/> |
| Heart Murmur <input type="checkbox"/> | Valvular Senosis <input type="checkbox"/> |
| Hypertension <input type="checkbox"/> | Other _____ |

Clinical Comments:

***** Pediatric Echo can only be referred by a Pediatrician*****

TEE
 TEE & Consult (Ouellette Campus Only)

- | | |
|--|--|
| Cardiac Source of Embolus <input type="checkbox"/> | Intracardiac Mass <input type="checkbox"/> |
| Endocarditis <input type="checkbox"/> | Atrial Septal Defect/Patent Foramen Ovale <input type="checkbox"/> |
| Valvular Heart Disease <input type="checkbox"/> | Other _____ <input type="checkbox"/> |

Clinical Comments:

- Please attach previous Echo if done at outside Facility
 List Current Medications _____

Print Referring Physician _____ Fax Number _____

Copy to (Drs): _____

Referring Physician Signature: _____

APPOINTMENT:

DATE: _____ **TIME:** _____ **CAMPUS:** _____