Cardio Study

REQUISITION FORM

Maple Ridge, BC | White Rock, BC | Delta, BC
Surrey, BC | Langley, BC | Burnaby, BC | Richmond, BC

Book an Appointment • Call: 604-227-3070 OR Fax: 604-636-8029

Name: _____ ☐☐ (M/F)
(Last Name) (First Name)

Date of Birth: _____
Day / Month / Year

H.C.#: _____ V.C.: _____

Referring Physician: _____

Test Start Date: _____

Adult (≥ 18): ☐ Peadiatric (≤ 17): ☐

Technician: _____

Signature: _____
(Referring / Supervising Physician)

Place label / sticker here
(or print info above)

Check off the test requested:

☐ 24 Hour Holter ☐ ECG

Patient Contact Number: _____

Indications

- ☐ Palpitations
- ☐ Presyncope/ Light Headedness
- ☐ Loss of Balance/Coordination
- ☐ Dizziness/Fainting
- ☐ Fatigue / Weakness
- ☐ Unexplained Fatigue
- ☐ Chest Pain / Shortness of Breath
- ☐ Shortness of Breath/Dyspnea
- ☐ Angina
- ☐ Syncopal and/or Fainting Spells
- ☐ Post M.I.
- ☐ Post Cardiac Surgery
- ☐ Pre Op/Post Op
- ☐ Post Stroke / TIA
- ☐ Atrial Fibrillation & Silent AF
- ☐ R/O Atrial Fibrillation / Flutter
- ☐ Atrial Fibrillation Rate Control
- ☐ Atrial Arrhythmia
- ☐ Bradyarrhythmia
- ☐ Tachyarrhythmia
- ☐ Other Arrythmia
- ☐ Known Ventricular Arrhythmia
- ☐ Ventricular Arrhythmia
- ☐ Abnormal E.C.G.
- ☐ Conduction Disturbances
- ☐ LV Function
- ☐ Murmurs
- ☐ Valve Disease
- ☐ History of Rheumatic Fever
- ☐ Evaluation /Current Drug Therapy
- ☐ Drug Therapy Discontinued
- ☐ Medication Effect
- ☐ B/P
- ☐ Transient Ischemic Episodes (TIA)
- ☐ Diabetes
- ☐ Family History of Heart Problem
- ☐ PACEMAKER ☐ VVI ☐ DDD
- ☐ Other: _____

Holter Monitor Patient Instructions

Your physician has ordered a Holter Monitor for you so that we can record your heart's electrical activity while you go about your daily routine. To improve the usefulness of the test, we would like you to record any symptoms that you experience accurately in this diary (date and time of the following symptoms) including:

1. **Strenuous or unusual physical or emotional activity**
2. **Symptoms such as chest discomfort, dizziness, palpitations, shortness of breath, fainting, etc.**

Please record in your diary the exact time of day that these symptoms occur and include the circumstances or activity associated with those symptoms.

Please do not shower, bath or swim with the recorder on. The diary must be returned with the recorder.