

Place Patient demographic label below.

History:	Last name:		
	First name:		
	Address:		
	DOB:	Phone:	
	OHIP#:	Version code:	
	Referring MD:		
	MD Location:		
	Medications:		
	Direct patient billing.		
	Ministry of transport.	<input type="checkbox"/>	<input type="checkbox"/>
Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	
Immigration:	<input type="checkbox"/>	<input type="checkbox"/>	

EXERCISE STRESS TESTING:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Females able to exercise, with chest pain or dyspnea for CAD diagnosis, normal ECG (ACC/AHA-I)..... | <input type="checkbox"/> Exercise MIBI..... | <input type="checkbox"/> Exercise ECHO. |
| <input type="checkbox"/> Abnormal ECG , able to exercise with chest pain dyspnea for CAD diagnosis (ACC/AHA-I)..... | <input type="checkbox"/> Exercise MIBI..... | <input type="checkbox"/> Exercise ECHO. |
| <input type="checkbox"/> Post MI or ACS able to exercise, risk stratification post Hospital discharge (ACC/AHA-I)..... | <input type="checkbox"/> Exercise MIBI..... | <input type="checkbox"/> Exercise ECHO. |
| <input type="checkbox"/> Intermediate risk routine treadmill ECG test result, for CAD diagnosis (ACC/AHA-I)..... | <input type="checkbox"/> Exercise MIBI..... | <input type="checkbox"/> Exercise ECHO. |
| <input type="checkbox"/> Digoxin or LVH , with chest pain or dyspnea for CAD diagnosis and able to exercise (ACC/AHA-I)..... | <input type="checkbox"/> Exercise MIBI..... | <input type="checkbox"/> Exercise ECHO. |
| <input type="checkbox"/> Males able to exercise, with chest pain or dyspnea for CAD diagnosis, normal ECG (ACC/AHA-I)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Intermediate Framingham risk score, 10-20% evaluation of suspected exercise induced ishemia (CCS-IIa)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> CABG or PCI , evaluation of activity level or exercise counseling (ACC/AHA-IIa)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Valvular heart disease , evaluation of exercise capacity and functional level (ACC/AHA-IIb)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> CHF/cardiomyopathy , evaluation of exercise capacity and functional level (ACC/AHA-IIb)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Arrhythmias , evaluation of suspected exercise induced (ACC/AHA-IIa)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Atrial fibrillation , evaluation of exercise capacity and rate control (ACC/AHA-IIa)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Cardiac rehabilitation , or other exercise program, prior to patient enrollment (ACC/AHA-IIa)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Asymptomatic with multiple vascular risk factors , (ACC/AHA-IIb)..... | | <input type="checkbox"/> Routine EST. |
| <input type="checkbox"/> Commercial drivers/pilots , occupations impacting public safety, (Not OHIP covered) (ACC/AHA-IIb)..... | | <input type="checkbox"/> Routine EST. |

PHARMACOLOGIC STRESS TESTING:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> LBBB , on ECG with chest pain or dyspnea for CAD diagnosis (ACC/AHA-I)..... | <input type="checkbox"/> Persantine MIBI* | Persantine contraindicated in asthma. |
| <input type="checkbox"/> Permanent pacemaker , with chest pain or dyspnea for CAD diagnosis (ACC/AHA-I)..... | <input type="checkbox"/> Persantine MIBI* | No MUGA or MIBI scan if >350lbs. |
| <input type="checkbox"/> Adult type 2 diabetics , without symptoms for cardiac risk assessment.** (ACC/AHA-IIa)..... | <input type="checkbox"/> Persantine MIBI* | |
| <input type="checkbox"/> Unable to exercise , with chest pain or dyspnea for CAD diagnosis (ACC/AHA-I)..... | <input type="checkbox"/> Persantine MIBI*..... | <input type="checkbox"/> Dobutamine ECHO. |
| <input type="checkbox"/> Post MI unable to exercise , risk stratification post Hospital discharge (ACC/AHA-I)..... | <input type="checkbox"/> Persantine MIBI*..... | <input type="checkbox"/> Dobutamine ECHO. |
| <input type="checkbox"/> Pre-operative , risk assessment prior to vascular or major non-cardiac surgery (ACC/AHA-I)..... | <input type="checkbox"/> Persantine MIBI*..... | <input type="checkbox"/> Dobutamine ECHO. |

** Asymptomatic diabetics must have either microalbuminuria, peripheral or cerebrovascular disease or 2 other risk factors, (viz: smoking, dyslipidemia, hypertension, FH of premature CAD).

ROUTINE ECHO/DOPPLER STUDY:

- Murmur**, with cardiorespiratory symptoms (ACC/AHA-I) or no symptoms but a suspicion of valvular disease (ACC/AHA-IIb).
- Valvular stenosis**, aortic or mitral, initial assessment of hemodynamic severity (ACC/AHA-I).
- Valvular regurgitation**, aortic, mitral or tricuspid, initial assessment of hemodynamic severity (ACC/AHA-I).
- Mitral valve prolapse**, for leaflet morphology and hemodynamic severity (ACC/AHA-I).
- Angina, recent or remote myocardial infarction**, or other recent acute coronary syndrome (ACC/AHA-I).
- Congestive heart failure**, idiopathic, familial or ischemic cardiomyopathy (ACC/AHA-I).
- Hypertension**, with suspected LV systolic dysfunction (ACC/AHA-I) or LV hypertrophy and diastolic dysfunction (ACC/AHA-IIa).
- CVA or TIA**, where there is a clinical suspicion of a cardiac source (ACC/AHA-I).
- Genetically transmitted**, cardiac disease: hypertrophic cardiomyopathy, familial cardiomyopathy (ACC/AHA-I).
- Arrhythmia**, with clinical suspicion of structural heart disease (ACC/AHA-I).
- Prosthetic valve**, initial assessment as a baseline or new symptoms (ACC/AHA-I) or annual examination (ACC/AHA-IIa).
- Syncope**, or pre-syncope with clinical suspicion of structural heart disease (ACC/AHA-I).
- Congenital heart disease**, suspected ASD, VSD, PS, bicuspid aortic valve etc (ACC/AHA-I).

CONSULTATION:

MD:
 ELECTROCARDIOGRAM:

24hr BP MONITOR:

- Suspected white coat hypertension.
- Hypertension diagnosis, CHEP 2008.
- Assessment of BP control.

HOLTER MONITOR:

(frequent or daily symptoms). OR
 EVENT MONITOR:
(Rare symptoms, >1 per 2 weeks).

ATRIAL FIB EVENT MONITOR:
(Suspected paroxysmal Atrial Fibrillation).

HOLTER +/- EVENT MONITOR:

(If no symptoms occurred during the Holter it will be followed by an Event monitor).

CAROTID DOPPLER & cIMT:

- Carotid bruit. (SVU).
- Stroke (SVU).
- TIA or RIND (SVU).
- Follow up of known carotid disease (SVU).
- Previous carotid stenting or surgery (SVU).
- Asymmetric brachial pressures >20mmHg (SVU).
- Vascular screening in intermediate Framinhham Risk 10-20% (CCS-IIa).

MUGA SCAN:

- LV function (ACC/AHA-I).
- Pre-ICD (ACC/AHA-I).
- Pre-chemotherapy (ACC/AHA-I).

PERIPHERAL ARTERIAL VASCULAR TESTING: [ABI, TBI, CW Doppler, PVR and segmental pressures].

- Claudication (ACC/AHA-I).
- Abnormal foot pulses (ACC/AHA-I).
- Lower limb ulceration (ACC/AHA-I).
- Age >70yrs (ACC/AHA-I).
- Diabetes 50-69yrs (ACC/AHA-I).
- Smokers 50-69yrs (ACC/AHA-I).
- Previous PAD surgery (ACC/AHA-I).
- Erectile dysfunction.
- Vascular screening in intermediate Framingham Risk 10-20% (CCS-IIa).

MD Signature:



For all forms of testing and consultations this requisition form may be FAXed to (613) 546-4487 and given to the Patient to bring. Please have Patients bring all their medications with them for each appointment.

Alternate requisition form on back.

Kingston Heart Clinic is a scent free environment.

History.	Place Patient demographic label below	
	Last name.	
	First name.	dob.
	OHIP.	Version code.
	Phone number.	
	Address.	
Medications.		
Direct patient billing. Ministry of transport: <input type="checkbox"/> Insurance: <input type="checkbox"/> Immigration: <input type="checkbox"/>		
Referring MD.	MD location.	

- | | | |
|------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Exercise MIBI scan. | <input type="checkbox"/> ECHO/Doppler. | <input type="checkbox"/> Electrocardiogram. |
| <input type="checkbox"/> Persantine MIBI scan. | <input type="checkbox"/> Exercise ECHO. | <input type="checkbox"/> Exercise stress test. |
| <input type="checkbox"/> Dobutamine MIBI scan. | <input type="checkbox"/> Dobutamine ECHO. | <input type="checkbox"/> Holter monitor. |
| <input type="checkbox"/> MUGA scan. | <input type="checkbox"/> Supine Bike ECHO/Doppler. | <input type="checkbox"/> Event monitor. |
| <input type="checkbox"/> Carotid dopplers. | <input type="checkbox"/> 24hr BP monitor. | <input type="checkbox"/> Atrial fibrillation event monitor. |
| <input type="checkbox"/> PAD testing. | <input type="checkbox"/> Consultation. | <input type="checkbox"/> Holter monitor followed by event monitor. |

Instructions for all forms of stress testing.

1. Bring comfortable walking shoes or sneakers.
2. Light breakfast or light lunch depending on the time of your appointment.
3. Please bring all your medications with you or a current list.
4. For diagnosis of suspected CAD please **stop beta-blockers 48hrs** before stress testing if referring MD deems safe (see list [A])
5. For diagnosis of suspected CAD please **stop Diltiazem or Verapamil 48hrs** before testing if referring MD deems safe.
6. No oral or topical nitrates on the day of the test (see list [B]).
7. Diabetics have their normal diet and medications, except nitrates, see 6. For suspected CAD see also 4. and 5.
8. Patients having Dobutamine testing will need a driver to return home.

Exercise MIBI scanning.

This appointment can take **3-4** hours.

- a). No food or fluid for 4 hours before the test. For diabetics see number 7. Above.
- b). No caffeine for 24 hours, (including coffee, tea, pop drinks, chocolate, Tylenol #1, Tylenol #2 and Tylenol #3). No decaffeinated drinks.
- c). Bring something to eat and drink with you. There is a fridge for storage. Eating after injection of radiotracer improves the images.
- d). No oral or topical nitrates on the day of the test (see list [A] below).
- e). You will have an intravenous inserted and be connected to a heart monitor.
- f). You will then exercise on a treadmill and one minute before the completion of the test a second dose of radioactive tracer will be injected. A second scan of the heart is performed 40-60 minutes later.

Persantine MIBI scanning.

You cannot have this test if you are asthmatic. Drugs in list [C] must be stopped for 24hrs. The only difference between this test and the exercise protocol is that you do not exercise. Persantine is injected over a period of 4 minutes followed by an injection of radioactive tracer. Persantine is a medication that simulates exercise. Most Patients feel no adverse effects from the drug although some may experience headache, nausea or flushing. The antidote is called aminophylline which is then given intravenously at the end of the test. This quickly reverses the effects of the Persantine.

[A].Beta-blockers to be stopped 48hrs before stress testing for diagnosis of suspected CAD:

Acebutolol, Atenolol, Bisoprolol, Carvedilol, Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol. Timolol.

[B].Nitrates to be stopped on the day of all stress testing:

Topical Nitroglycerin: NitroDur, Minitran.

Oral Nitrates: Isordil, Imdur, Nitrong-SR.

NB: If at any time you have angina and need to use your nitroglycerin spray just do so as per your normal practice.

[C].Drugs or drinks that cannot be taken for 24hrs before Persantine testing:

Aggrenox.	Dipyridamole.	Theophylline.	Tylenol #3.	Pop Drinks.
Assantine.	Persantine.	Tylenol #1.	Coffee or tea.	Decaffeinated drinks.
Caffeine.	Theo-Dur.	Tylenol #2.	Chocolate.	

MD Signature:

NB: Patients having a Nuclear scan should not travel to the USA for the next 72 hours. You will set off the radioactive alarms at the border. If traveling to the USA within the next 3 days please ask Staff for a note for US border security.

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