

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

**CHEST PAIN CLINIC
REQUEST FOR CONSULTATION**

Dr. J. Minkowitz, M.D.C.M., F.R.C.P.C., F.A.C.C.

Dr. P Hacker, M.D., F.R.C.P.C., F.A.C.C

Dr. B Motlagh, M.D., F.R.C.P.C

Dr. A. Pasricha, M.D., F.R.C.P.C.

S. Feltham, MN, RN (EC), Nurse Practitioner

Markham Site Booking Line: (905) 472-7601 Fax: (905) 472-7621

Uxbridge Site Booking Line: (905) 852-9971 x5249 Fax: (905) 852-2465

Urgent

Routine

Hospital MRN #: _____
Patient Name (Last, First): _____
Date of Birth (DD/MM/YYYY): _____ Sex: F M
Health Card #: _____ Version Code: _____
Telephone # (Best Daytime): _____
Alternate #: _____
Email: _____

Date:	Referring MD	Signature	MD Phone#
-------	--------------	-----------	-----------

Additional Reports to:

Translator contact information for scheduling & accompaniment (name & number):

Reason for Referral:

<p>1. Routine or cardiolite stress test - performed at MSH With</p> <p><input type="checkbox"/> Moderate to High Risk Results</p>	<p>2. Other Reasons</p> <p><input type="checkbox"/> Chest pain (MSH or UCH ED only)</p> <p><input type="checkbox"/> Post Angiogram (Southlake only)</p> <p><input type="checkbox"/> Post PCI (Southlake only)</p>
--	--

Related Conditions:

<input type="checkbox"/> Exertional chest pain	<input type="checkbox"/> New ECG Changes
<input type="checkbox"/> Shortness of breath on exertion	<input type="checkbox"/> Multiple (> 2) cardiac risk factors
<input type="checkbox"/> Arrhythmia	

<p>Cardiac History:</p> <p><input type="checkbox"/> MI Year ____/____/____</p> <p><input type="checkbox"/> CHF</p> <p><input type="checkbox"/> Angina</p> <p><input type="checkbox"/> Previous PCI (include notes)</p> <p><input type="checkbox"/> Previous Bypass (include notes)</p>	<p><input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> ICD</p> <p><input type="checkbox"/> Arrhythmia</p> <p><input type="checkbox"/> Previous Ablation</p> <p><input type="checkbox"/> Other</p>	<p>Additional History:</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Hyperlipidemia</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Family History of premature CAD</p> <p><input type="checkbox"/> Smoker _____ppd</p>
---	--	--

Medications:

Please include with this referral form:

recent medical history, blood work and other pertinent test results.

MSH staff will contact your patient directly to schedule an appointment time.
Please inform patient they may be asked to perform advanced test before being seen in the chest pain clinic

PLEASE ARRIVE 15 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT TO REGISTER AND TRAVEL TO THE CLINIC WAITING ROOM.

Brochures are available at www.msh.on.ca /areas of care/outpatient clinics/chest pain clinic



Patient Instructions

A consultation with the Nurse Practitioner and/or the Cardiologist will follow after your tests.
This may not be on the same day as your testing and is dependent on the test you require.
Each appointment can take up to four hours. Bring all your medications to each appointment.

Echocardiogram (ultrasound of the heart)

Allow 45 minutes. No preparation needed. Wear two-piece outfit.

Cardiac Stress Test

Allow 30 minutes. No coffee / tea day of test. Eat a light meal two hours prior to test.
Wear exercise clothing (shorts, pants, rubber soled shoes and short sleeved t-shirt).
Stop Beta Blockers only on your Doctor's orders. Bring medications. No lotions / creams on chest.

Cardiolite Test

Allow approximately four hours **MUST BRING** comfortable pants or shorts, loose-fitting short-sleeved shirt
rubber-soled closed toe shoes. Bring medications.
No Beta Blocker medicine for 48 hours (unless your Doctor tells you not to stop them)
check with pharmacy which medicines are Beta Blockers.
No decaf or caffeine drinks, no green tea, no chocolate, no pop for 24 hours before test date.
No Tylenol or other medicines or supplements containing caffeine for 24 hours before test date.
No eating for three to four hours before test (diabetics may have juice).