

CARDIOLOGY, RADIOLOGY, ENDOCRINOLOGY & BMD REQUISITION

PATIENT INFORMATION (attach patient label)

| | |
|-----------------------|-------------------------------------------------------|
| Patient Name: _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| ULI: _____ | DOB: _____ |
| Address: _____ | Postal Code: _____ |
| City, Province: _____ | Phone: _____ |
| Email: _____ | |

REFERRING PHYSICIAN INFORMATION

| |
|-------------------------|
| Physician Name: _____ |
| Practice ID: _____ |
| Clinic Name: _____ |
| Clinic Address: _____ |
| Phone: _____ Fax: _____ |

**Reports are uploaded to Netcare*

URGENT TESTING REQUESTED

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical History & Notes <i>(For cardiac stress testing, please note any patient respiratory or mobility concerns below):</i> |
| Pre-test Probability of CAD: <input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High |
| Is your patient currently taking any: <input type="checkbox"/> Beta Blockers <input type="checkbox"/> Calcium Channel Blockers <input type="checkbox"/> N/A |

CLINICAL SERVICES

- Cardiovascular Assessment & Consultation
Provided by Internist and/or Cardiologist based on patient complexity

CARDIOMETABOLIC ASSESSMENT

- Risk Assessment Syncope
 Chest Pain Abnormal ECG
 Shortness of Breath Atrial Fibrillation
 Other: _____

GENERAL ENDOCRINOLOGY

For triage of referrals please select from the following:

- | | |
|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Adrenal | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bariatric Matters/Obesity | <input type="checkbox"/> Pituitary |
| <input type="checkbox"/> Calcium/Parathyroid | <input type="checkbox"/> Reproductive - Female |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Reproductive - Male |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Hypertension | |
| <input type="checkbox"/> Other: _____ | |

| |
|--------------------------------------|
| Referring Physician Signature: _____ |
| Date of Referral: _____ |

CARDIAC DIAGNOSTIC SERVICES

- Nuclear Cardiology Studies
MUST include recent ECG
**Reports for Nuclear are uploaded to Netcare and Connect Care*
- Exercise Stress Test
MUST include recent ECG
- ECG
- Holter Monitor
 48 hour
 Other: _____
- ABPM (24 hour)
- Echocardiogram (including GLS)
**Reports for Echos are uploaded to Netcare and Connect Care*

RESPIROLOGY SERVICES

- Pulmonary Function Test (PFT)
 Include Smoking Cessation
 Include Medication/Inhaler Education & Review
- Spirometry Only

BONE MINERAL DENSITY

- Baseline Follow Up
**For follow up scans, please indicate the scan year of primary interest for comparison and details of current osteoporosis drug therapy and duration in the medical history above.*