

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 HC # \_\_\_\_\_ Version Code \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Patient Label**

Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

RESTRICTED MOBILITY:  APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**APPOINTMENT DETAILS:** Please arrive 15 minutes early and report to Patient Registration. Please bring your Health Card to this appointment. Patients who arrive late maybe re-scheduled. This exam takes approximately 30-45minutes. If you are unable to keep this appointment, contact Scheduling at **519-485-9611**.

<b>STANDARD INDICATIONS FOR ECHOCARDIOGRAPHY</b>	
Please include relevant history	
<b>Abnormal Diagnostic Imaging Findings</b>	<b>Myocardial Infarction:</b> Date _____
<b>Arrhythmias/Palpitations</b>	<b>Myocarditis</b>
<b>Cardiac Masses</b>	<b>Neurologic or Other Possible Embolic Events</b>
<b>Cardiomyopathy:</b> Describe	<b>Pericardial Diseases:</b> Describe
<b>Chemotherapy / Cardio Toxic Drugs</b>	<b>Pre-Cardioversion/ Pre-Pacemaker</b>
<b>Chest Pain or Tightness</b>	<b>Pre-Transplant Assessment</b>
<b>Coronary Artery Disease</b> (previously diagnosed) if asymptomatic >1yr follow up	<b>Prosthetic Heart Valve:</b> Year _____ Aortic    Mitral    Tricuspid    Pulmonic
<b>Dyspnea (SOB) or Edema</b>	<b>Pulmonary Disease or Embolism:</b> Describe
<b>Endocarditis</b>	<b>Suspected Structural Heart Disease:</b> (with no previous echocardiogram)
<b>Family History of Structural Cardiac Disease</b> (Complex congenital anomalies refer to tertiary site)	<b>Syncope/Pre-Syncope</b>
<b>Heart Failure</b>	<b>Thoracic Aortic Disease:</b> Describe
<b>Heart Murmur</b>	<b>Valvular Regurgitation:</b> Aortic    Mitral    Tricuspid    Pulmonic
<b>Hypertension</b>	<b>Valvular Stenosis:</b> Aortic    Mitral    Tricuspid    Pulmonic
<b>Other Clinical Indications:</b> (*may require approval)	

**Ordering Physician:** (Print name) \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Billing Number: \_\_\_\_\_  
 Copy to: \_\_\_\_\_ Date: \_\_\_\_\_  
**Relevant History:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_