SOUTH BRUCE GREY HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

CARDIORESPIRATORY SERVICES

FOR AN APPOINTMENT PLEASE PHONE OR FAX:

Chesley	519-363-2340	Fax 519-363-5798	Durham	519-369-2340	Fax 519-369-6180
Kincardine	519-396-3331	Fax 519-396-1478	Walkerton	519-881-1220	Fax 519-881-1388

PATIENT INFORMATION:

Surname: _____ **First Name**: _____ **Middle Initial**:____

Gender: _____ **Date of Birth (YYYY-MM-DD):** _____

Address: _____ _____ **Apartment**: _____ **City**: _____ **Postal Code**:_____

Telephone (Day):_____ **(Evening)**: _____ **(Cell)**: _____

Health Card No. : _____ **Version Code**: _____

Special Instruction (Mobility, Communication etc.): _____

CARDIAC:

☐ ECG 12 Lead (15 Lead if indicated) [*Chesley, Kincardine, Walkerton, Durham*]

☐ Stress Test [*Durham, Kincardine, Walkerton*]

☐ Holter Monitor ☐ 24 hr ☐ 48 hr ☐ 7 day ☐ 14 day [*Chesley, Kincardine, Walkerton, Durham*]

☐ BP Monitor 24 Hour - (**$52.00**– not covered by OHIP) [*Kincardine, Walkerton, Durham*]

☐ Pacemaker interrogation [*Kincardine*]

PULMONARY FUNCTION:

☐ *Pulmonary Function Testing (Flows, Volumes, Diffusion, Oximetry) [*Durham, Kincardine*]
Must be ≥12 years of age

☐ *Spirometry Testing (Flows Only) ☐ Pre/Post [*Chesley, Durham, Kincardine, Walkerton*]
Must be ≥6 years of age

☐ Arterial Blood Gases [*Durham, Kincardine, Walkerton*]

☐ Independent Exercise Assessment; if require ABG check above [*Durham, Kincardine, Walkerton*]

REASON FOR TESTING: *<u>REQUIRED</u>*

☐ Bradycardia	☐ Dizziness	☐ COPD	☐ Shortness of Breath
☐ Tachycardia	☐ Hypertension BP	☐ Asthma	☐ Qualification for Home O2
☐ Chest Pain	☐ White Coat HTN	☐ Chronic Cough	☐ Other _____
☐ Pacemaker	☐ Hearing Loss	☐ Wheeze	

MEDICATIONS:

_____

PHYSICIAN SIGNED REQUISTION <u>MUST</u> BE PRESENTED TO TECHNOLOGIST AT TIME OF APPOINTMENT

_____	_____	_____	_____
Date	**Physician Printed Name**	**Signature**	**Copies to**