

Appointment:

Cardiac Testing

GWM Site

Fax: 613-434-8888

Reception: 613-267-1500 ext. 4407

All cardiac testing requests **must be faxed**. All cardiac tests require an appointment.
Incomplete requisitions will be returned.

Patient Name: _____ Primary Phone Number: _____

Date of Birth: _____ Alternative Phone Number: _____

Cardiac Stress Test^{1,2,3} (please select appropriate indication):

- Male/Female able to exercise, with chest pain or dyspnea for CAD diagnosis, normal ECG
- Intermediate Framingham risk score, 10-20%, evaluation of suspected exercise induced ischemia
- Post CABG or PCI, evaluation of activity level or exercise counseling
- Arrhythmias, evaluation of suspected exercise induced
- Commercial drivers/pilots, occupation impacting public safety (Not OHIP covered)
- Other (please specify): _____

Holter Monitor (please select appropriate indication):

- Atrial fibrillation rate assessment (24 hours)
Assessment for possible arrhythmia(suggest preliminary testing 48 hours):
 - Palpitations
 - Atrial Fibrillation
- Syncope (14 days)
- Other (please specify): _____

- ECG
- Ambulatory Blood Pressure Monitor (Not OHIP covered)

Clinical History:

Medications:

¹ Requirement - Ability to walk for a minimum of 6 minutes unaided
² Contraindications:

- Hemodynamically significant aortic stenosis (absolute)
- LBBB (relative)
- ST-T change on baseline ECG

³ Instruct patient to discontinue beta-blockers and calcium channel blockers 48 hours before the test if appropriate and safe

Health Care Provider Name (please print)/Signature

Phone Number –

Fax Number –

PATIENT INFORMATION FOR CARDIC TESTING

Please note your appointment date, time and site:

Please arrive 15 minutes prior to your appointment to register. If you are late, your appointment may be rebooked.

Your healthcare provider will be providing you with your appointment details.

If you do not follow the preparation instructions (below), your appointment may be rebooked.

DO call us to provide 24 hours notice for appointment changes or cancellations.

Smiths Falls Site: 613-283-2330 ext. 1690

Great War Memorial Site: 613-267-1500 ext.4407

Do not wear scented products on the day of your exam.

For safety reasons, young children will not be permitted in the room during your examination.

Cardiac Stress Test

- Your appointment will take approximately 60 minutes.
- Bring comfortable walking shoes or sneakers. In order to perform the stress test, you must be able to walk for a minimum of 6 minutes unaided. If you do not think that you can walk for 6 minutes, please contact your health care provider prior to your appointment.
- May have a light breakfast or light lunch depending on the time of your appointment.
- Please bring a current list of all your medications.
- Check with your health care provider about stopping beta-blockers and calcium channel blockers 48 hours before your test.
- If you have diabetes, have your normal diet and medications, except oral and topical nitrates

ECG:

- No preparation is required. You may eat, drink and take medications.

Ambulatory Blood Pressure Monitor:

- No preparation is required. You may eat, drink and take medications.
- You will need to pay \$60 for this test. When you register for your test, you will be directed to the Finance Office to make the payment prior to your test.

Holter Monitor (24-72 hours):

- Please shower before your appointment as you will not be able to shower or bathe while you are wearing the monitor.
- Once the monitoring period is over (24-72 hours) you will need to return the monitor to the hospital, along with the diary you kept while your wore the holter monitor.