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| --- | --- | --- |
| E:\Essential New Logo\Logo version 2\logo_files\SmallLogo.jpg | **Essential Cardio Diagnostics**  **Holter Test Requisition Form** | **Tel: 647-878-5766**  **Fax: 647-930-1688**  [**luyao@ecdcorp.ca**](mailto:luyao@ecdcorp.ca)  **www.ecdcorp.ca** |

**INDICATION:**

Dizziness

Light headedness

Palpitations

Abnormal ECG

Syncope

Pre-syncope

Prosthetic Valve

Emphysema/COPD

Arrhythmia

Rhythm Assessment

Fatigue

Weakness

Leg Swelling

Post MI/CABG/PTCA

CHF

Stroke

Heart murmur

Heart defect

Chest Pain/Discomfort

Shortness of Breath

Smoker

Overweight/Obese

Hypertension

LVH

Diabetes

Ischemic Heart Disease

Dyslipidemia

Family History of: \_\_\_\_\_\_\_\_\_\_\_\_\_

Pace-maker user

Pacing mode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT INFORMATION**

Last Name:

First Name:

Date of Birth:

Sex:

OHIP Number:

Address:

Telephone:

**CARDIAC TEST:**

**Holter Monitoring Time:**  48 Hours  72 Hours  14 days

**CARDIAC CONSULTATION:**

Dr. Raymond Yan  Dr. Derek Yung  Dr. Bhavanesh Makanjee

**Other Relevant Clinical Information/Medications:**

**Holter Hook-up Information:**

Technician Name:

**Monitor Hook-up Appointment:**

Date:

Monitor Start Time:

**REFERRING DOCTOR:**

Name:

Billing Number:

CPSO Number:

Clinic Address:

Telephone:

Fax Number:

Signature: Date: