

Last Name: _____
 First Name: _____
 Mr. Mrs. Ms. Miss Dr.

Address _____
 Postal Code _____
 Phone Number _____
 Other Phone _____
 OHIP Number - - -

Date of Birth DD / MM / YYYY

Reason For Testing

- Abnormal ECG Arrhythmia/Palpitations Chest Pain Dyspnea Dizziness/Syncope HTN CHF

Clinical Information: _____

- Testing Only Testing and Consult Consult if Abnormal Results



_____._____._____._____

Is this a Pre-Op Assessment? Date of Surgery

Yes No

DD / MM / YYYY

Tests Available	Routine	Urgent	Referring Physician - Please Complete	
ECG	<input type="checkbox"/>	<input type="checkbox"/>	Referring Physician:	_____
Transthoracic Echo	<input type="checkbox"/>	<input type="checkbox"/>	Address:	_____
Stress Echo	<input type="checkbox"/>	<input type="checkbox"/>	Billing Number:	_____
- Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	Phone Number:	_____
- Treadmill	<input type="checkbox"/>	<input type="checkbox"/>	Fax Number:	_____
- Semi-Recumbent Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	Today's Date:	DD / MM / YYYY
24HR Ambulatory ECG Recorder	<input type="checkbox"/>	<input type="checkbox"/>		
48HR Ambulatory ECG Recorder	<input type="checkbox"/>	<input type="checkbox"/>		
7 Day Event Recorder	<input type="checkbox"/>	<input type="checkbox"/>		
24HR Ambulatory BP Recorder (\$50)	<input type="checkbox"/>	<input type="checkbox"/>		
Treadmill Exercise Stress Test	<input type="checkbox"/>	<input type="checkbox"/>		

X

Signature Required

Appointment Date: DD / MM / YYYY Appointment Time: AM PM

Kitching Cardiology

Tests and Appointment Information

ECG

- Measures electrical activity of the heart
- No special preparation

24 Hour Blood Pressure Recording

- Measures blood pressure with a take home device and cuff over a period of 24 hours
- Short sleeves must be worn

Treadmill Exercise Stress Test

- Determines exercise tolerance, presence or absence of heart disease or effectiveness of heart pills by exercising on a treadmill
- Nothing to eat or drink for 2 hours before, no caffeine before the test

24/48 Hour Ambulatory ECG Recorder (Holter)

- Measures electrical activity of the heart over a 24/48 hour period using a take home device
- No special preparation

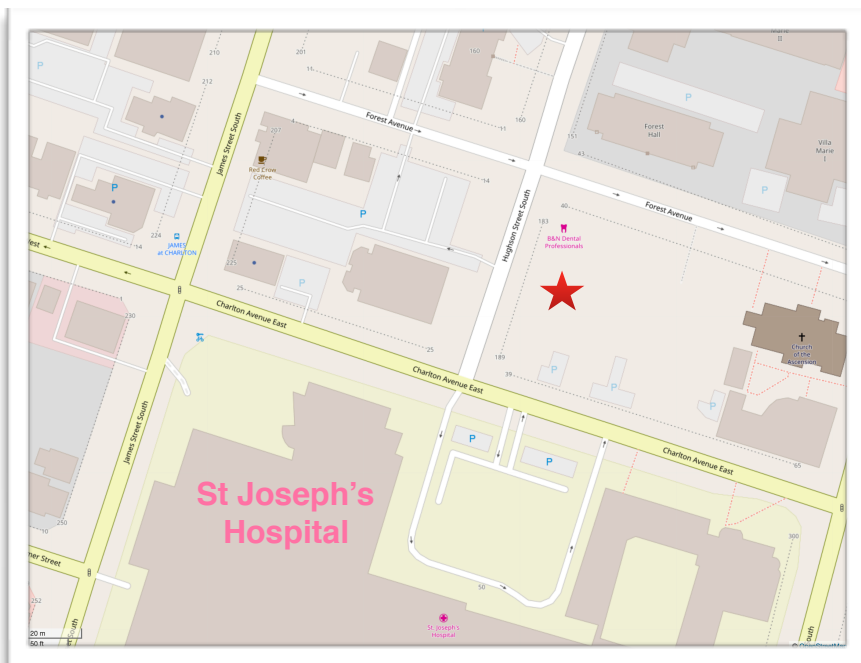
Echo

- An ultrasound of the heart to determine heart function
- No special preparation

Stress Echo

- Exercise or drug induced stress test while taking ultrasound pictures of the heart
- Nothing to eat or drink for 2 hours before, no caffeine the day of the test

Please bring all medications to all appointments.



187 Hughson St S

Parking is available across the street at a rate of **\$4 per half hour** or a maximum of **\$26 per day**.

For more information on appointments, location, and parking, please visit us at kitchingcardiology.com



If you cannot keep your scheduled appointment please call and reschedule 48 hours before your test.