120
Phone:

ALEXANDRA MARINE & GENERAL HOSPITAL
Napier Street, Goderich, Ontario N7A 1W5
(519) 524 8323 Fax: (519) 524 8532

CARDIORESPIRATORY: ECHOCARDIOGRAM REQUISITION

Appointment Date: _____ **Time:** _____
(Month/Day/Year)

PATIENT INFORMATION: (please print or affix label)

_____ _____
Patient Last Name First Name

_____ _____ _____
Health # Version Expiry (Year/Month)

_____
D.O.B. (Year/Month/Day) Gender: ☐ Male ☐ Female

_____
Phone Number

ECHO INDICATIONS: (check boxes below)

- ☐ Chest pain
- ☐ Palpitations
- ☐ SOB
- ☐ HTN
- ☐ Presyncope/ Syncope
- ☐ TIA/Stroke
- ☐ Arrythmia
- ☐ Murmur
- ☐ Dyspnea (OE?)
- ☐ Cardiomyopathy
- ☐ CHF(with/without Edema)
- ☐ Valvular Stenosis of: _____
- ☐ Valvular Regurgitation of:_____
- ☐ Mitral Valve Prolapse
- ☐ Congenital Defect
- ☐ Prosthetic Heart Valve
- ☐ Endocarditis
- ☐ Abnormal CXR
- ☐ Abnormal ECG
- ☐ Other? (explain)_____

MEDICATIONS:

QUESTIONS YOU NEED ANSWERED BY THIS EXAM:

_____ _____ _____
Referral Physician (Print Name) **Signature:** **Copy to:** (Print Full Name)

_____
Date: (Month/Day/Year)