



**CARDIOPULMONARY SERVICES**  
**Diagnostic Testing Referral**

**Main:** (613) 721-4721    **Fax:** (613) 721-2595    **Patient scheduling:** (613) 721-2000 ext 3836

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F  
Last First

Health Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Referrals with insufficient clinical information will be returned.**

<b>CARDIAC</b>	<b>PULMONARY</b>	<b>NEUROLOGY</b>
<input type="checkbox"/> Electrocardiogram (ECG)	<input type="checkbox"/> Complete Pulmonary Function Test (PFT) (Includes pulse oximetry)	Electroencephalogram (EEG) <input type="checkbox"/> Routine <input type="checkbox"/> Sleep Deprived
<input type="checkbox"/> Cardiac Ultrasound (Echocardiogram)	<input type="checkbox"/> Simple Spirometry	Electromyography (EMG) <input type="checkbox"/> Consult with study <input type="checkbox"/> Study only
<input type="checkbox"/> Cardiac Stress Test	<input type="checkbox"/> Walk Test	
Holter Monitor <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour	<input type="checkbox"/> Arterial Blood Gas (ABG)	
<input type="checkbox"/> ECG Loop Recorder	<input type="checkbox"/> Bronchial Provocation Test	

**Reason for referral** (symptoms, suspected diagnosis, concerns): **Mandatory**

\_\_\_\_\_

**Current health problems** (including weight if over 300 pounds):

\_\_\_\_\_

**Medications** (include inhalers and oxygen therapy):

\_\_\_\_\_

Date: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
(dd/mm/yyyy)

Physician's name: \_\_\_\_\_  
(Please print)

Family Physician: \_\_\_\_\_

**NO DIAGNOSTIC TEST WILL BE PERFORMED WITHOUT A REQUISITION**

A. If your appointment is for a STRESS TEST:

1. Do not smoke or eat for two hours before test.
2. Bring clothing suitable for exercising eg. shorts or slacks, running shoes.
3. If you are taking Beta Blockers (eg. Metoprolol, Bisoprolol, Atenolol, Carvedilol, Nodolol) or Calcium Channel blockers (eg. Diltiazem, Verapamil), please consult your doctor regarding discontinuation prior to the test.

B. If your appointment is for a HOLTER MONITOR:

1. Wear a top which either opens at the front (eg. blouse or shirt) or which tucks in at the waist.

C. If your appointment is for a PULMONARY FUNCTION TEST:

1. If possible, please avoid taking your inhaler for four hours prior to the test.
2. Bring all your inhalers that you are currently using.
3. If you have had recent eye surgery/procedure, please consult your eye specialist to confirm whether or not this test can be performed.

**PLEASE**

**Telephone (613) 721-2000 extension 3836 if you cannot keep your appointment.**

**We require 24 hours advance notice of any changes to booked appointments.**

**If less than 24 hours notice given, a new physician referral will be required and you may be charged \$50 except in cases of TRUE emergencies including extreme weather or illness. Our records have shown that several weeks of treatment time are lost each year due to cancellations or patients not showing up for their scheduled appointments.**