



Cardiovascular Imaging Requisition

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symphonyhealth.ca

Achieve health harmony through defining human care.

Timely patient access for referrals from ER/UCC, and community/rural clinics.

Timely notification of appointments and communication of consultation and test reports.

Outcomes/Data-guided Consultation and Testing. Focused on impact of social drivers of heart health.

Upstream patient engagement to reduce cardiovascular related ER visits/hospitalization.

Clinical advice and expedited management of abnormal cardiovascular test results.

ENGAGE PATIENTS AND SHARE IN THE DECISION MAKING

Discuss alternatives with patient. Share purpose and expectation from test. Share benefits and potential risks of the test.

COORDINATE CARE WITH OUR VALUE-DRIVEN IMAGERS, AS YOU NEED

Consider the impact of tests on patients' outcomes to achieve and sustain health.

Consider co-selecting tests with us, as you require.

PATIENT INFORMATION (place label, if applicable)	ASSESSMENT
Name: FIRST LAST DOB: MM/DD/YY M F Other: Ht: Wt:	Assessing diagnosis of new CAD (consider study OFF anti-ischemics, if safe) Pretest likelyhood of CAD: Low Intermediate High (consider cardiology consultation) Assessing prognosis (known lschemia/MI/Cardiomyopathy) YOUR REQUEST OF AVAILABLE SERVICES Stress treadmill test Last Stress test DATE: MM/DD/YY Assess functional Capacity/Biologic Fitness Assess functional Capacity/Biologic Fitness Assess exercise-induced Dysrhythmia Myocardial Perfusion Imaging (SPECT) Last MPI test DATE: MVDD/YY Assess Myocardial Ischemia/Infarct CV Risk Stratification Abnormal Treadmill/Bicycle Stress Test Echocardiogram Last ECH0 test DATE: MM/DD/YY Structural integrity and function Valvular integrity and function Etiology of Heart Failure History of Adult Congenital Heart Disease
PERTINENT PATIENT HEALTH CONDITIONS CAD Diabetes Asthma Myocardial Infarction Hypertension Dyslipidemia Cardiomyopathy Smoker/Nicotine Use Heart Failure Elevated BMI Stroke/TIA CKD Vascular Disease Social Stressors Transplant hx Pacemaker Defibrillator Atrial Fibrillation/Flutter CABG Angioplasty/PCI Asymptomatic Recent change in clinical status or symptoms Chest discomfort/pain Shortness of breath Other	
	REFERRING HEALTH PROFESSIONAL Name: Signature: Signature: PRACID: PRACID: Phone: Fax: Call/Fax Emergency Report to: Additional Report to: ER Urgent Care Centre Community Clinic DATE: MM/DD/YY

SoHC - EFW v2-1023 - Personal Health Information is collected, disclosed and managed in accordance to the Health Information Act (HIA), and is used to provide consultation, diagnostic, care and treatment for the patient, and to bill Alberta Health Care for services provided.