

Orillia Soldiers' Memorial Hospital
 Room M022 (formerly the Falls Prevention Office)
 Adjacent to the Soldiers' Elevators
 170 Colborne Street West, Orillia, ON L3V 2Z3

To Book an Appointment | Tel: 1-888-662-0680
 Fax: 1-855-239-1623
 info@pace-cardiology.com
 www.pace-cardiology.com

PATIENT INFORMATION

NAME: _____ HEALTH #: _____
 TELEPHONE #: _____ REFERRING MD: _____
 APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

INPATIENT ECHOCARDIOGRAPHY	OUTPATIENT ECHOCARDIOGRAPHY
<input type="checkbox"/> ADULT <input type="checkbox"/> PEDIATRIC (patient must be 4 years or older)	<input type="checkbox"/> ADULT <input type="checkbox"/> PEDIATRIC (patient must be 4 years or older)
<ul style="list-style-type: none"> <input type="checkbox"/> Chest pain <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Shortness of breath or peripheral edema <input type="checkbox"/> CHF <input type="checkbox"/> Unexplained hypotension <input type="checkbox"/> Stroke or TIA <input type="checkbox"/> Syncope <input type="checkbox"/> Arrhythmia <input type="checkbox"/> LBBB or high grade AV block <input type="checkbox"/> Rule out endocarditis <input type="checkbox"/> Rule out pericardial effusion <input type="checkbox"/> Rule out pulmonary hypertension 	<ul style="list-style-type: none"> <input type="checkbox"/> Murmur <input type="checkbox"/> Hypertension <input type="checkbox"/> Palpitations <input type="checkbox"/> LV function post <ul style="list-style-type: none"> <input type="checkbox"/> MI <input type="checkbox"/> Invasive procedure <input type="checkbox"/> Every 6 months for patients with severe LV dysfunction <input type="checkbox"/> Every year with ischemic heart disease <input type="checkbox"/> Follow up pulmonary hypertension <input type="checkbox"/> Initial assessment or reassessment of structural heart disease <ul style="list-style-type: none"> <input type="checkbox"/> Valvular regurgitation/stenosis (every 6-12 months) <input type="checkbox"/> Prosthetic heart valves (every year) <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Cardiac masses
<ul style="list-style-type: none"> <input type="checkbox"/> Evaluation pre- or post- procedure <ul style="list-style-type: none"> <input type="checkbox"/> CV surgery <input type="checkbox"/> PCI/TAVI <input type="checkbox"/> EP procedure/Device placement 	

CLINICAL INFORMATION

Billing #: _____ Signature: _____

*****Please forward prior ECHO reports*****