



Echocardiography Requisition  
 Georgian Bay General Hospital  
 1112 St Andrews Drive, Midland, ON  
 Telephone Bookings: 705-739-5604

Outpatient Fax: 705-739-5651

Inpatient Fax: 705-526-7837

Patient Information: Affix Label Here

**Patient Information**

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

DOB (dd/mm/yy) \_\_\_\_\_

Health card number \_\_\_\_\_

Postal Code: \_\_\_\_\_

*List the patient's preferred number. Use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care & appointments can be left at that number:*

Home:  Call  can leave a message on voicemail  can leave a message with a person

Cell/Work/Other:  Call  can leave a message with a person  can leave a message with a person

**Priority and Echocardiogram History**

**PRIORITY:**  Less than 2 weeks  Less than 1 month  Elective

Previous Echocardiogram?  Yes  No Where: \_\_\_\_\_ Approximately When? \_\_\_\_\_

Adult Echo Transthoracic

Inpatient  Outpatient

**Indication # \_\_\_\_\_ and Relevant Clinical History:**

**INDICATION NUMBER:** Please refer to the back of the referral or the CCN Standards of Echocardiography in Ontario 2015 or [http://www.ccnecho.ca/UploadedFiles/files/CCN\\_Echo\\_Standards\\_2015.pdf](http://www.ccnecho.ca/UploadedFiles/files/CCN_Echo_Standards_2015.pdf)

**Please note: Requisitions without a reason/clinical information and indication number will be returned to the referring MD**

**It is your responsibility to advise the patient of their appointment time.**

Referring MD	Family MD: _____	Physician Signature: _____
Telephone Number:	Fax Number:	Billing #



## **Most Common Indications for Echocardiography**

- 1.1-1.2** Murmur in patient with symptoms or if structural heart disease cannot be excluded
- 2.1** Initial assessment of a patient with suspected native valve stenosis
- 2.2** Known valvular stenosis with change in clinical status
- 2.4-2.6** Reassessment of valvular stenosis of mild (> 2 yr), moderate (> 1 yr) and severe (> 6months) degree
- 3.1** Initial assessment of patient with suspected native valve regurgitation
- 3.2** Assessment of patient with known valve regurgitation and changing clinical status
- 4.1** Clinically suspected mitral valve prolapse
- 5.1** Known congenital heart disease with change in clinical status
- 5.2** Clinically suspected congenital heart disease
- 6.1** Baseline assessment of new prosthetic valve
- 6.2** Known prosthetic valve for periodic (□1yr) reassessment if no known or suspected prosthetic valve dysfunction
- 7.1** Clinically suspected infective endocarditis (IE)
- 7.2** Proven or suspected IE to assess severity of lesions and detect high risk lesions (fistulae, abscesses)
- 7.3** Reassessment of infective endocarditis with change in clinical status/exam or if high risk for complications
- 8.1** Clinically suspected pericardial disease
- 8.3** Reassessment of significant pericardial effusion or with change in clinical status
- 9.1** Clinically suspected cardiac mass
- 9.2** Reassessment of surgically removed cardiac mass
- 9.3** Malignancies with suspected cardiac involvement
- 9.4** Evaluation of cardiac mass detected by other imaging
- 10.1** Pre or post evaluation of select minimally invasive cardiac procedures (i.e. valve repair, TAVI)
- 10.2** Post-intervention baseline studies for valve function/device closure etc. (e.g. within 3 months)
- 11.1** Clinically suspected pulmonary hypertension
- 11.2-11.4** Reassessment post-treatment of pulmonary hypertension/pulmonary embolism
- 11.3** Evaluation of pulmonary embolism or unexplained oxygen desaturation
- 11.5** Pre-lung transplantation assessment
- 12.2-12.3** Chest pain / troponin rise with hemodynamic instability or suspicious for coronary artery disease
- 12.4** New murmur with acute or recent myocardial infarction
- 12.5-12.6** Ventricular function post MI or revascularization
- 12.8** Reassessment of severe (> 6mo) or mild/ moderate (> 1 yr) ischemic cardiomyopathy to guide therapy
- 13.1-13.2** Clinically suspected heart failure or cardiomyopathy
- 13.3** Evaluation of unexplained hypotension
- 13.4** Initial and periodic reassessment of LV function with use of cardiotoxic drugs (e.g. chemotherapy)
- 13.7** Screening of relatives in select inheritable cardiomyopathies(e.g..hypertrophic cardiomyopathy)
- 13.8** Reassessment of cardiomyopathy and change in clinical status or periodic (> 1yr) reassessment
- 14.1-14.2** Evaluation of hypertension and suspected LV dysfunction or LVH that may guide management
- 15.1** Clinically suspected aortic dissection / rupture
- 15.3** Suspected dilatation of aortic root/ascending aorta
- 15.6** Reassessment of asymptomatic aortic aneurysm
- 15.7** Reassessment of aortic pathology with change in clinical status or periodic (□1 yr) post-surgical repair
- 16.1** Acute arterial embolic event
- 16.2** TIA/stroke of unknown etiology
- 17.1** Initial assessment of symptomatic arrhythmia
- 17.2** Asymptomatic atrial fibrillation, significant atrial or ventricular dysrhythmias (PACs, PVCs, nsVT and VT)
- 17.3** Syncope of unknown etiology
- 17.4** Pre-procedural evaluation before EP study, ablation, PPM and ICD implantation if not performed within 3 months
- 17.5** Evaluation of LBBB or high grade AV block
- 17.6** Investigation of patients with WPW pre-excitation
- 17.7** Assessment of ventricular function for possible tachycardia-mediated cardiomyopathy
- 18.1** Evaluation pre-cardioversion in AF > 48 hr duration without anticoagulation or if known atrial thrombus
- 20.1-8** Transesophageal echo (TEE) – Cardiology to triage

