



# BRAMPTON CARDIO PULMONARY SERVICES

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www.bramptoncardio.com

**APPOINTMENT**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**\*\* MUST BRING ALL YOUR  
MEDICATIONS TO APPOINTMENT**  
(see back for instructions)

PATIENT NAME: \_\_\_\_\_

Patient Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ Version Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*REFERRING PHYSICIAN NAME \_\_\_\_\_ Copy to: \_\_\_\_\_

\*REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_

**\*TO BE COMPLETED PRIOR TO PROCEEDING**

CLINICAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

Please forward previous: EKG's, Chest X-rays, blood work \_\_\_\_\_

## **CARDIAC**

Urgent  Routine

**SELECT INDICATION FOR STUDY**

- CHEST PAIN
- SHORTNESS OF BREATH
- VALVULAR DISEASE
- MURMUR
- DYSPNEA
- SYNCOPE
- HYPERTENSION
- STROKE/CARDIAC SOURCE OF EMBOLI
- CARDIOMYOPATHY

- CONSULTATION**
- 2D ECHOCARDIOGRAPHY
- STRESS TEST
- STRESS ECHOCARDIOGRAM
- EKG – ELECTROCARDIOGRAM
- HOLTER MONITOR  24 HOUR  48 HOUR  72 HOUR
- AMBULATORY BLOOD PRESSURE MONITOR (not covered by OHIP)
- EVENT RECORDER  2 WEEKS
- IF TEST ABNORMAL** – please arrange for a Cardiology Consultation

## **VASCULAR – Peel Vascular Services**

- CAROTID DUPLEX**  Bruit  Tia Risk Factor  Stroke  Dizziness  Family History  
(includes vertebral and subclavian art.)  IMT
- ARTERIAL DUPLEX**  Right  Left  Both  
 Upper extremities  lower extremities RISK FACTOR Rule out  PVD  Ulcer  
 AORTA  RENAL DOPPLER  ILIAC  FEMORAL  POPLITEAL
- VENOUS DUPLEX**  Right  Left  Both  
 Upper extremities  lower extremities **RULE OUT DVT**  swelling  pain

## **PULMONARY**

- PULMONARY FUNCTION STUDIES Risk Factor -  S.O.B.  SMOKING  ASTHMA
- SPIROMETRY  OXIMETRY
- STAGE ONE EXERCISE TEST

## **TREATMENT**

- EECP Therapy** - Enhanced External Counter Pulsation (EECP) is performed as a non-invasive treatment to lower the number and intensity of angina episodes.

Indication \_\_\_\_\_

**\*\*\* 48 HOUR CANCELLATION NOTICE IS REQUIRED IF YOU CANNOT KEEP YOUR APPOINTMENT \*\*\***

## DIAGNOSTIC TESTS

### ULTRASOUND, AORTA & RENAL DOPPLER

A procedure that uses sound waves rather than radiation

#### PREPARATION FOR TEST

- Required to fast 4 hours prior to testing and drink enough water to remain hydrated
- Carotid, echocardiogram and arterial duplex do not require preparation

### BLOOD PRESSURE MONITOR

A device that automatically obtains and records blood pressure at regular intervals. It inflates every 15 minutes during the day and every 30 at night at night. Note: readings are not visible to patients.

#### PREPARATION FOR TEST

- Do not bath or shower while wearing the monitor
- **OHIP DOES NOT COVER THIS TEST – THEREFORE THERE IS A FEE THAT THE PATIENT IS RESPONSIBLE FOR PRIOR TO TESTING**

### PULMONARY FUNCTION TEST

A procedure that measures the lung capacity and the amount the amount of oxygen that is being transferred from the lungs into the blood.

#### PREPARATION FOR TEST

- Avoid taking short acting pulmonary inhalers at least 8 hours prior to testing (eg. Ventolin, Atrovent)
- Avoid taking long acting pulmonary inhalers at least 48 hours prior to testing (eg. Advair, Symbicort)
- Avoid 72 hours before test: Spiriva, Seebri. Genuair, Onbrez
- Avoid smoking 1 hour prior to testing
- Do not exercise on day of appointment
- Avoid all forms of caffeine the day of testing (eg. Coffee, tea, chocolate, soda pop etc)

### ELECTROCARDIOGRAM (ECG – EKG)

A procedure that records the electrical activity of the heart and is effective in diagnosing abnormalities.

#### PREPARATION FOR TEST - None

### STRESS TEST (EXERCISE ECG)

An electrocardiogram that measures the electrical activity of the heart during exercise.

#### PREPARATION FOR TEST

- Wear comfortable clothing and rubber sole shoes

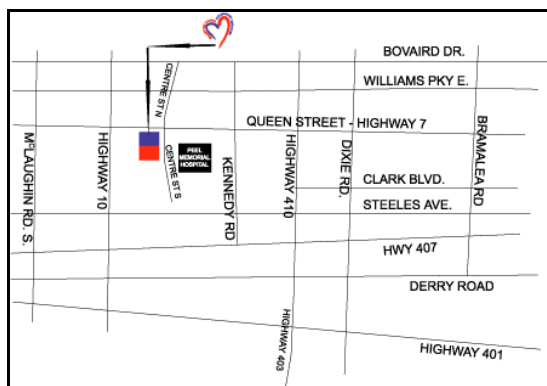
### HOLTER MONITOR

An electrocardiogram that monitors the electrical activity of the heart over a 24- 72hour period. It is particularly useful in obtaining and recording cardiac arrhythmias that would not be discovered within a few minute duration.

#### PREPARATION FOR TEST - None

#### DURING THE TEST

- Do not bath or shower
- Resume all regular activity
- Record symptoms on diary provided and return with the monitor



## IMPORTANT

1. **Bring all your medications with you.**
2. We suggest you wear comfortable clothes and shoes.
3. If there is a **language** barrier or you find it difficult to follow verbal instructions - it is best if you bring someone who can stay for the appointment and to **interpret** for the patient.
4. The facility is not responsible for loss or damage of personal items. All patients are encouraged to leave valuables at home.