



Pembroke Regional Hospital
ECHO IMAGING REQUISITION

Booking / Information / Cancellations
 Phone: 613-732-4141 Fax: 613-732-6349
 705 Mackay Street, Pembroke ON K8A 1G8

Addressograph

TEST DATE: _____ TIME: _____

PRIORITY: <input type="checkbox"/> Inpatient – Unit: _____ Room #: _____	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Portable	Additional Precautions <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne	<input type="checkbox"/> Outpatient – Urgency: Refer to reference
EXAMINATION(S) REQUESTED CARDIAC STRUCTURE AND/OR FUNCTION ASSESSMENT <input type="checkbox"/> Echocardiography (colour/Doppler)			Test Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3A-1 <input type="checkbox"/> 3A-2 <input type="checkbox"/> 3B <input type="checkbox"/> 4 To assist us in triaging the urgency of your patient's exam appropriately, please assign your patient to one of the 4 categories below to the best of your ability. We can arrange for you to talk to one of the echo physicians if you wish.
CLINICAL INFORMATION REASON FOR REQUEST: _____ *mandatory			
*Height _____ cm *Weight _____ kg <input type="checkbox"/> Chest Pain <input type="checkbox"/> Post PCI/CABG <input type="checkbox"/> Dyspnea <input type="checkbox"/> History of MI <input type="checkbox"/> Palpitations <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Heart Function/Failure <input type="checkbox"/> Syncope <input type="checkbox"/> Murmur/Valve Disease			
Pacemaker patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Defibrillator patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No Metformin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ALLERGIES: MEDICATIONS: Please list medications.			CATEGORY 1 – CRITICAL INDICATION The examination is expected to impact a management decisions that would prevent an adverse outcome (death or major morbidity) or hospital admission within two (2) weeks. CATEGORY 2 – URGENT INDICATION The examination is <u>essential</u> to establishing a management decision or in symptomatic patient which, if deferred, could affect <u>patient prognosis</u> , or where the referring physician believes that the risk/benefit ratio favours the patient having URGENT imaging despite current pandemic risks. CATEGORY 3A-1 – URGENT INDICATION The examination is <u>important</u> to establishing a management decision in a symptomatic patient which could affect <u>patient prognosis</u> , BUT where the referring physician believes that based on the risk/benefit ratio, the patient <u>may have</u> DEFERRED imaging in the context of current pandemic risks. CATEGORY 3A-2 – URGENT INDICATION The examination is <u>important</u> to establishing a management decisions in an asymptomatic patient which could affect <u>patient prognosis</u> , BUT where the referring physician believes that based on the risk/benefit ratio, the patient <u>may have</u> DEFERRED imaging in the context of current pandemic risks. CATEGORY 3B - Established but Non-Urgent Indication As per Category 2 but in asymptomatic patients, <u>or</u> alternative imaging modality readily available, <u>or</u> uncertain impact on patient prognosis. Intended primarily to optimize/guide management in a stable/treated patient. CATEGORY 4 – Surveillance and Prevention SUREVEILLANCE and PREVENTION The examination is scheduled to monitor disease progression or to screen for high risk conditions in an otherwise asymptomatic patient. Intended primarily for risk stratification in an at-risk by asymptomatic patient.
Physician's Name (print) _____ Physician's Signature _____ Physician's Billing No. _____			
Resident's Name (print) _____			
Telephone No. _____ Fax No. _____			
Copy of report to:		<input type="checkbox"/> Family Physician <input type="checkbox"/> Other Physician(s)	
FOR OFFICE USE ONLY Protocol/Procedure Code _____			