

PATIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Cell: _____

E-mail: _____ DOB: _____ Age: _____

Health Card #: _____ Gender: _____

HEALTH CARE PROVIDER

☐ STAT

Name: _____

Address: _____

Phone: _____ Fax: _____

Billing #: _____ CPSO#: _____

Copy to: _____

Signature: _____

Clinical History: _____

X-RAY

CHEST

- ☐ PA and LAT
- ☐ PA (Inc TB Screening)
- ☐ R Ribs + Chest PA
- ☐ L Ribs + Chest PA
- ☐ Sternum

HEAD + NECK

- ☐ Skull
- ☐ Facial Bone
- ☐ Nasal Bones
- ☐ TM Joints
- ☐ Neck - soft tissue/Adenoid
- ☐ Orbits
- ☐ Orbits - Pre MRI/FB

ABDOMEN

- ☐ KUB
- ☐ Acute Abdomen Series

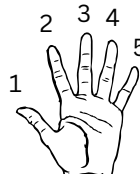
OTHER:

SPECIAL VIEWS

- ☐ Weight Bearing Views

SPINE + PELVIS

- ☐ Scoliosis Series
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum + Coccyx
- ☐ S-I Joints
- ☐ Pelvis
- ☐ R Hip + Pelvis
- ☐ L Hip + Pelvis
- ☐ Pelvis + Both Hips



UPPER EXTREMITIES

- R L**
- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ AC Joint
- ☐ ☐ SC Joint
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Fingers
- ☐ ☐ Hand ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Bone Age

LOWER EXTREMITIES

- R L**
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tibia + Fibula
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Calcaneus
- ☐ ☐ Toes ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ULTRASOUND

OBSTETRICAL

☐ Twins

- ☐ OB series: Dating + NT + Anatomy
- ☐ Dating
- ☐ NT/ eFTS (11w3d-13w3d)
- ☐ Anatomy (18-22 wks)
- ☐ High Risk/Complication
- ☐ Biophysical Profile/Growth

GENERAL ULTRASOUND

- ☐ Abdomen Complete
- ☐ AAA Screening
- ☐ Abdomen + Pelvis (Incl. Transvaginal)
- ☐ Abdominal Wall / Hernia Assessment
- ☐ Limited Abdomen
- ☐ Kidneys + Bladder
- ☐ Inguinal/Groin
- ☐ R ☐ L

- ☐ Female Pelvis (Incl. Transvaginal)
- ☐ Follicular monitoring
- ☐ Male Pelvis
- ☐ Prostate Transrectal

OTHER: _____

MUSCULOSKELETAL

- R L**
- ☐ ☐ Shoulder
- ☐ ☐ Elbow
- ☐ ☐ Wrist
- ☐ ☐ Hand
- ☐ ☐ Hip
- ☐ ☐ Knee
- ☐ ☐ Ankle
- ☐ ☐ Achilles Tendon
- ☐ ☐ Plantar Fascia
- ☐ ☐ Foot

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Scrotum
- ☐ Lumps/Masses

SONOHYSTEROGRAM



- ☐ Female Pelvis + Sonohysterogram
- (Tubal Patency if required)

VASCULAR ULTRASOUND

ABDOMINAL / HEAD / NECK

- ☐ Abdominal Aorta / Aortoiliac
- ☐ Carotid
- ☐ Renal

Vascular Surgery Consultation

EXTREMITIES

- ☐ **Venous (Incl. DVT)**
- ☐ Upper
- ☐ Lower - r/o DVT
- ☐ Lower - Reflux
- ☐ **Arterial (Incl. ABI)**
- ☐ Upper
- ☐ Lower

BREAST IMAGING

Mammogram

- ☐ Right
- ☐ Left
- ☐ Bilateral

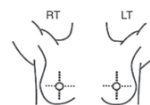
Ultrasound

- ☐ Right
- ☐ Left
- ☐ Bilateral

Implants

OBSP

Other: _____



BONE MINERAL DENSITY (DEXA)

- | | |
|---|---------------------------------------|
| ☐ Baseline | Once in a lifetime |
| ☐ 2nd/3rd Subsequent Low Risk | 5 yrs after baseline/first follow up |
| ☐ Subsequent High Risk | Every 3 yrs (if clinically indicated) |
| ☐ Annual High Risk | Annually (clinically required) |
| ☐ DEXA Total Body Composition Scan | \$150.00- Non-OHIP |

CARDIOLOGY & VASCULAR SURGERY

CARDIOLOGY DIAGNOSTIC TESTING

- ☐ 12-Lead ECG

Stress

- ☐ Exercise Stress Test (GXT)
- ☐ Excercise Stress Echo

Echocardiogram

- ☐ 2D Echocardiogram (TTE)
- ☐ Pediatric Echo (TTE)

Other: _____

CARDIOLOGY MONITORING TESTING

Holter

- ☐ 48 hrs ☐ 72 hrs ☐ 7 Days

Blood Pressure Monitoring

- ☐ 24hr ABPM (\$60.00- Non-OHIP)

CARDIOLOGY CONSULTATION - DR. B. AYACH AND TEAM

- ☐ Urgent ☐ Non-Urgent

NUCLEAR CARDIOLOGY

Myocardial Perfusion Imaging (MPI) (with ventricular function)

- ☐ Exercise SPECT
- ☐ Persantine SPECT

Ventricular Function

- ☐ Myocardial Wall Motion (MUGA) (with ejection fraction) SPECT

VASCULAR SURGERY CONSULTATION - DR. S. WONG AND TEAM

- ☐ Urgent ☐ Non-Urgent

** All cardiac consultations will be in partnership with Durham Cardiology *** Critical abnormalities will be reviewed in consultation**