



Bookings Tel: (705) 444-8670

Fax: (705) 445-7593

CGMH is a scent free facility

CARDIO RESPIRATORY

PATIENT NAME _____

D.O.B _____ Healthcard# _____

Address _____

Phone # _____ Cell # _____

Mobility Issues ☐ N ☐ Y _____

CARDIAC TESTING

- ☐ ECG *No appointment necessary, walk in only
Tuesday-Friday from 11 am – 3 pm

Holter Monitor (includes ECG):

- ☐ 24 Hr ☐ 48 Hr ☐ 72 Hr
☐ 7 day ☐ 14 Day

- ☐ Blood Pressure Monitor 24 hour
(\$50 charge applies)

- ☐ Exercise Stress Test

REFERRING PROVIDER

Signature _____

Printed Name _____

Fax # _____

Copy To _____

Echocardiography (Adult only >18yrs)

- ☐ Echocardiogram ☐ Bubble Study
☐ Stress Echocardiogram

Indication # _____

Select an Indication # from Appendix B of the CorHealth
Standard Indications for Echocardiography
[CorHealth Ontario Echo Standards 2021](#)

CLINICAL INFORMATION:

RESPIRATORY TESTING

- ☐ **Full PFT**
Pre/Post Spirometry, Lung Volumes, DLCO, SpO2, > 16yrs
- ☐ **Spirometry**
Pre/Post bronchodilator only, > 6 yrs; Asthma Screening
- ☐ **Arterial Blood Gas**
☐ Request to perform on room air
- ☐ **Assessment for Home Oxygen**
Assessment for ABG on room air – only performed
if resting SpO2 <92%, SpO2 at rest, independent
Exercise Assessment if indicated
- ☐ **6 Minute Walk Test**
Resting oximetry and one 6 minute walk test
- ☐ **Pulmonary Rehab Assessment Walk Test**
Resting oximetry and two 6 minute walk tests
- ☐ **COPD Education**
- ☐ Other _____

- ☐ **Urgent**

- ☐ **Follow up due** _____

**INCOMPLETE AND/OR UNSIGNED
REQUISITIONS WILL BE RETURNED.**

Patients, please arrive 20 minutes prior to your
appointment time to allow for registration. Be sure to
bring hearing aids and any walking aids for respiratory
testing appointments.