



Health Sciences Centre
Winnipeg
A Shared Health facility

PEDIATRIC
ELECTROCARDIOGRAM REQUISITION

OUTPATIENTS

PATIENT'S NAME _____
ADDRESS _____
AGE DATE OF BIRTH _____
MHSC NO. _____
PARENT NAME _____
HOSPITAL NO. _____
REFERRING PHYSICIAN _____
ADDRESS (for report) _____

INPATIENTS
ADDRESSOGRAPH

DATE _____
WARD _____
NAME _____
MHSC NO. _____
PHYSICIAN _____
DATE OF BIRTH _____
HOSPITAL NUMBER _____

CLINICAL INFORMATION

REASON FOR ECG _____

DIAGNOSIS - CARDIAC _____
OTHER _____

PREVIOUS ECG'S IN CHILDREN'S HOSPITAL YES NO
 ☐ ☐

MEDICATIONS ☐ ☐ SPECIFY _____

SIGNATURE _____

With this requisition completed, ECG's on children, both inpatients and outpatients, will be done on a "drop-in" basis without prior appointment in the CHILDREN'S HEART CENTRE (Dr. Goodbear, JM-476) (Phone 204-787-5238)

between the hours of

8:30 A.M. - 11:15 A.M. MONDAY - FRIDAY
1 P.M. - 3:15 P.M. MONDAY - FRIDAY