

PROVINCIAL AMBULATORY (HOLTER AND EVENT MONITORS) ELECTROCARDIOGRAPHY REQUISITION

Please see: <https://healthproviders.sharedhealthmb.ca/services/diagnostic-services/>

Incomplete or Illegible Requisitions will be returned to the ordering center/healthcare provider.

Patients less than 17 years of age require consultation with Children's Heart Centre (HSC Winnipeg) prior to order.

If patient has a pacemaker/defibrillator: the device interrogation report can often provide the relevant information.

Indicate the clinic that was contacted if the device/report information was not available or inadequate. St. Boniface _____/ Brandon _____

It is recommended that a 12 lead ECG be performed prior to requesting Ambulatory Electrocardiography.

Ordering Provider Information (FULL name and designation)		Patient Information	
Order Date: (dd/mmm/yyyy)		MRN:	Visit #:
Last/First Name, Middle Initial:	MD/NP	Last Name, First Name:	
Facility Name/Address:		Date of Birth (dd/mmm/yyyy)	
Ph #:	Fax #:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Provider Signature:	Billing #:	PHIN:	
Copy Report To (if information missing, report may not be sent)		MB Reg #:	
Last/First Name, Middle Initial:		Patient Ph #:	
Ph #:	Fax #:	Patient Address:	
Facility Name/Address:			
Last/First Name, Middle Initial:			
Ph #:	Fax #:		
Facility Name/Address:		In hospital hook up: Facility: _____	
		Ward: _____ Fax # _____	

<p>Holter: <input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour <input type="checkbox"/> 7 day* <input type="checkbox"/> Patient Activated Event Recorder</p> <p>Preferred hook up facility: _____</p> <p>*7 Day Holter only available for post-stroke patients</p>	<p>Holter Lab Use:</p> <p>Cable #: _____</p> <p>Enterprise No: _____</p> <p>Recorder # _____ Tech Initial: _____</p>
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Cardiac Disease Status (please check the most appropriate indication)

URGENT:	
<input type="checkbox"/> Pregnancy <input type="checkbox"/> Unexplained stroke (less than 1 month) <input type="checkbox"/> Syncope/Presyncope with known arrhythmia/heart disease <input type="checkbox"/> Syncope/Presyncope with family history of premature or unexplained cardiac death	<input type="checkbox"/> Unexplained Syncope/Presyncope and bifascicular block on ECG (consider direct referral to Pacemaker Clinic) <input type="checkbox"/> Palpitations with known arrhythmia/heart disease or family history of premature or unexplained cardiac death <input type="checkbox"/> Other (explain): _____
SEMI-URGENT:	
<input type="checkbox"/> Unexplained stroke (more than 1 month) <input type="checkbox"/> Syncope/Presyncope with normal ECG and no heart disease with frequent symptoms likely to occur during monitoring period <input type="checkbox"/> Atrial fibrillation/flutter/tachycardia to assess rate or rhythm control <input type="checkbox"/> Assess premature ventricular contraction (PVC) burden	<input type="checkbox"/> Assess response to antiarrhythmic or ablation <input type="checkbox"/> Pacemaker assessment as recommended by Pacemaker Clinic <input type="checkbox"/> Risk stratification in an asymptomatic patient with suspected/known arrhythmia/heart disease or family history of premature or unexplained cardiac death <input type="checkbox"/> Other (explain): _____
ELECTIVE:	
<input type="checkbox"/> Syncope/Presyncope not meeting criteria for urgent or semi-urgent <input type="checkbox"/> Palpitations not meeting criteria for urgent or semi-urgent	<input type="checkbox"/> Other (explain): _____

Cardiac Medications	
<input type="checkbox"/> Antiarrhythmic (specify): _____ <input type="checkbox"/> Beta blockers <input type="checkbox"/> Calcium channel blockers (specify): _____	<input type="checkbox"/> Digoxin <input type="checkbox"/> Anticoagulation (warfarin or direct oral anticoagulant) <input type="checkbox"/> Other: _____

