C-diagnostics
Cardiometabolic Cardiopulmonary Testing

C-diagnostics (a division of C-health)
Suite 210, 1016 - 68 Avenue SW
Calgary, AB T2V 4J2
Ph: (403) 541-0033 Fx: (403) 541-0032
www.c-health.ca

DIAGNOSTIC SERVICE REQUISITION

PATIENT INFORMATION (attach patient label)

Patient Name: ☐M ☐F
ULI: DOB:
Address: Postal Code:
City, Province: Home phone:
Email:

Referral Date: _____

☐ URGENT TESTING REQUESTED

PULMONARY DIAGNOSTIC SERVICES

- ☐ Pulmonary Function Test (PFT)
  - ☐ Include Smoking Cessation
  - ☐ Include Medication/Inhaler Education & Review
- ☐ Spirometry Only
  - ☐ Pediatric Spirometry & Education

CLINICAL SERVICES

- ☐ Cardiovascular Assessment & Consultation
  Provided by Internist and/or Cardiologist based on patient complexity

CARDIAC DIAGNOSTIC SERVICES

- ☐ Nuclear Cardiology Studies
  ***MUST** include recent ECG*
- ☐ Exercise Stress Test
  ***MUST** include recent ECG*
- ☐ ECG
- ☐ Holter (24 hour)
- ☐ ABPM (24 hour)
- ☐ Echocardiogram (including GLS)
- ☐ Carotid Doppler

Medical History & Notes: ***For cardiac stress testing, please note any patient respiratory or mobility concerns below.***

Is your patient currently taking any: ☐ Beta Blockers ☐ Calcium Channel Blockers ☐ N/A

REFERRING PHYSICIAN INFORMATION

Referring Clinic: _____
Phone: _____ Fax: _____
Physician Name: _____
PRAC ID#: _____

Referring Physician Signature: