



**CARDIOLOGY LABORATORY
HOLTER MONITOR
REQUISITION**



Date: _____

PATIENT INFORMATION:

SURNAME FIRST NAME

DOB (dd/mmm/yy): _____ Male Female Other

PHN: (CareCard #) _____

PHONE: _____
HOME CELL WORK

MSP WSBC ICBC Other: _____

Hospital MRN: _____

LANGUAGE: English Other (specify) _____
 Interpreter required

<input type="checkbox"/> ST PAUL'S HOSPITAL <input type="checkbox"/> Main Cardiology Lab: Room 2450, Providence Wing 1081 Burrard Street, Vancouver Phone: 604-806-8032 Fax: 604-806-9053 Monday-Friday: 0800-1600 <input type="checkbox"/> Davie Heart Rhythm Services: Room 200, 1033 Davie Street Phone: 604-682-2344 ext 60651 Fax: 604-675-2673 Monday-Friday: 0800-1600	<input type="checkbox"/> MOUNT SAINT JOSEPH HOSPITAL 3080 Prince Edward Street, Vancouver 3rd Floor, Room 326 Phone: 604-877-8190 Fax: 604-877-8199 Monday-Friday: 0800-1600
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APPOINTMENT DATE: _____ **TIME:** _____

All sections of this requisition must be completed, including the medication list, relevant history and pacemaker/ICD information, before an appointment will be booked. Incomplete requisitions will be returned.

TEST REQUESTED: <input type="checkbox"/> 24-HOUR HOLTER MONITOR Continuous 24 hour recording <input type="checkbox"/> 7-DAY HOLTER MONITOR Continuous 168 hour recording <input type="checkbox"/> 24-HOUR AMBULATORY BLOOD PRESSURE MONITOR (ABPM) Available only in SPH Main Cardiology Lab **Patient to be charged \$65**	LIST CARDIAC MEDICATIONS: <input type="checkbox"/> None _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
TEST INDICATION: <input type="checkbox"/> Syncope/Pre-syncope <input type="checkbox"/> ST Analysis <input type="checkbox"/> Palpitations <input type="checkbox"/> Pacemaker dysfunction <input type="checkbox"/> SVT <input type="checkbox"/> Hypertension <input type="checkbox"/> Atrial Fibrillation/Flutter <input type="checkbox"/> Ventricular Tachycardia	RELEVANT HISTORY: _____ _____ _____ _____ _____ _____ _____ _____ _____
DOES THE PATIENT HAVE: Pacemaker: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes to either: <input type="checkbox"/> Single Chamber <input type="checkbox"/> Atrial paced <input type="checkbox"/> Ventricular paced ICD: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Double chamber <input type="checkbox"/> Biventricular Program mode: _____ Lower rate: _____ Upper rate: _____	
REFERRING PROVIDER: _____ Printed Name Signature Billing Number Contact Number (Cell or pager) _____ Fax Number _____ Additional copy of the report to _____ Fax Number _____	

Patient Information

CARDIOLOGY LABORATORY HOLTER MONITOR

THE PURPOSE OF THE TEST IS TO CHECK

- Your heart rate (number of beats per minute)
- How regular your heartbeat is (heart rhythm)
- For any abnormal heart rhythms
- For any reduced blood supply to your heart
- The effects of drugs or devices, such as a pacemaker

DESCRIPTION OF THE TEST

- Your skin will be cleansed with alcohol, lightly rubbed/scratched with light sandpaper, and if necessary, any hair will be shaved before a number of stick on sensors (electrodes) are placed on your chest. These electrodes detect your heartbeat
- Wires attached to the electrodes connect to the Holter monitor recording device. The device is about the size of a deck of cards. This is placed in a small pouch which you will wear either on a belt around your waist or on a shoulder strap
- Your clothes will be worn over the device
- You will wear the device for 24 hours or 7 days, during that time you will be asked to do your normal activities and record them, and any symptoms in the diary supplied
- While the monitor is on you, PLEASE DO NOT adjust or remove the recorder, sensors, cables or tapes
Please do not shower, bathe or swim

HOW LONG DOES THE TEST TAKE?

- Allow one hour for the monitor to be put on. You will need to return to the Cardiology Lab either the following day or 6 days later, depending on your test, to drop off the monitor

PREPARATION

- Have a bath or shower the morning of the test
- Do not put lotions or powders on your skin
- Wear a loose fitting blouse or shirt that buttons down the front for easy access to your chest
- Do not wear any garments that cannot be lifted or opened to expose your chest. You may wear a bra

SIDE EFFECTS

- Some people may develop a slight rash where the electrodes were placed on the skin

AMBULATORY BLOOD PRESSURE MONITOR (ABPM)

**** Not covered by MSP** There will be a \$65.00 fee for this test**

THE PURPOSE OF THE TEST IS TO CHECK

- Your blood pressure over time

DESCRIPTION OF THE TEST

- A blood pressure cuff will be attached to your arm
- You will wear the device for 24 hours, during that time you will be asked to do your normal activities and record them, and any symptoms in the diary supplied
- The cuff will inflate at set intervals throughout the day and night

HOW LONG DOES THE TEST TAKE?

- Allow one hour for the monitor to be put on. You will need to return to the Cardiology Lab the following day to drop off the monitor

WHAT PREPARATION IS REQUIRED?

- Wear a loose, short-sleeved shirt for easy access to your arm