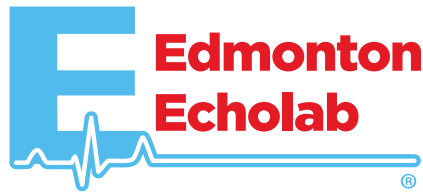



Glenwood health center
 Suite 201/202
 16028 100A Ave
 Edmonton, AB T5P 0M1
 Tel (587) 524 02027
 Fax (587) 524 0208



Patient Name :
ULI#
DOB **Gender: M/F**
Tel#
Weight **lb/kg**
Height **cm/in** **BMI**

ECG 24hr Ambulatory BP monitor
 Holter 24hr 72Hr 1 week

Spirometry


Sleep Apnea Diagnostics and treatment
 Home O2 Assessment


Echocardiogram
 Left/Right Ventricular function
 Valve Insufficiency (Position: MV TV AV PV)
 Valve stenosis (Position: MV TV AV PV)
 Previous valve Replacement/Repair
 Details _____
 Patient has Pacemaker/Defibrillator
 EST Echo **Contrast Echo**

Suspected Cardiac Amyloid
 Please review back page for clinical criteria

Exercise Stress test
 Rapid Access Chest Pain clinic
 Pretest Probability (%) *See Back Page*
 Functional Capacity Assessment

Weight management (+18)
 BMI kg/m2
 Comorbidities
 CAD Dyslipidemia Hypertension
 DM

Cardiology Consultation (For Emergent consults call RAAPID North 780 743 0811)
Priority
 Urgent (1-2Weeks) Routine (2-4Weeks)
 Arrhythmia Clinic
 Risk Reduction clinic
 Anticoagulation clinic
 Heart Function
 Diabetes Management Clinic
 IV Iron therapy*

Physiotherapy Assessment *
 Cardiopulmonary Rehab *
 Vestibular Rehab *
 WCB claims (Physiotherapy)
 MVA Claims (Physiotherapy)
 Return to Work Assessment *
 Pelvic health assessment M/F *
 Dietician consultation *
 Psychology Consultation *


Medication List/Notes

Referring MD (Name/Prac ID): _____
 Phone _____ Fax _____
Additional copies to: _____
 Phone _____ Fax _____

***Services Not Covered by AHW/AHS**