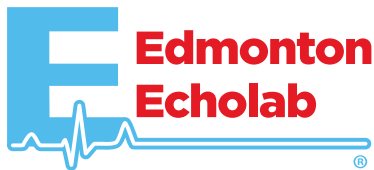


Patient Name _____ ULI _____

Gender M/F/Other _____ DOB _____ Tel _____

Weight _____ kg/lb Height _____ cm/in BMI _____ kg/m²



Glenwood Health Centre, Unit #202, 16028-100A Avenue,
Edmonton, AB T5P 0M1
P: 587 524 0207 F: 587 524 0208

ECG Holter 24hr / 72hr / 1 week (Circle one)

Ambulatory BP monitor

Exercise stress test

- Chest Pain Assessment (Pretest Probability _____%)
- Functional Assessment
- Arrhythmia assessment

Echocardiogram (Check all that apply)

- Book cardiology consult if high-risk pathology identified**
- Left/Right Ventricular Function
- Valve Insufficiency
- Valve Stenosis
- Previous Valve Repair/Replacement
- Patient has Pacemaker/Defibrillator

Exercise Stress Echo (Treadmill)

Contrast Echo

- LVEF, Wall motion
- Rule out Clot

Cardiology Consultation

- Priority **Urgent (1-2weeks)** Routine (4weeks)
- Preoperative Risk Assessment
- Heart Function Clinic
- Arrhythmia Clinic
- Advanced Arrhythmia Consultation/Advise
- Consideration for Pacemaker/Defibrillator
- Consideration for Ablation

Smoke Cessation Clinic

Weight Management Clinic (BMI _____ kg/m²)



Glenwood Health Centre, Unit #203, 16028-100A Avenue,
Edmonton, AB T5P 0M1
P: 587 635 3222 F: 587 524 0208

Sleep Apnea Testing/Treatment (Level 3 Sleep Study)(HSAT),
Assessment, Auto CPAP Trial and Treatment



Spirometry

Physiotherapy

- WCB
- MVA
- Orthotics
- Shockwave Therapy
- Plantar Fasciitis
- Back School Education Program
- Back Pain assessment and management
- Arthritis program
- TMJ Rehab
- Chronic Pain assessment and management
- Sports Injury
- Dizziness Assessment and treatment
- Functional Capacity Assessment

Kinesiology/Personal Training

- Aerobics/Endurance
- Core Strengthening
- Balance/ Coordination
- Flexibility
- Functional Mobility

Dietitian

- Diabetic Diet
- Healthy Eating
- Gluten Free Diet
- Gut Health
- SIBO assessment
- Other _____

Psychology Health Consultation

Cardiac Rehabilitation

Erectile Dysfunction Consultation and treatment

Bioidentical Hormonal Replacement Therapy Consultation

IV iron

Notes/Medication list

Referring MD/Provider

Phone _____ Fax _____

Additional copies to

Phone _____ Fax _____