C-diagnostics
Cardiometabolic Cardiopulmonary Testing

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

DIAGNOSTIC SERVICE REQUISITION

PEDIATRICS

PATIENT INFORMATION (attach patient label)

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

☐ URGENT TESTING

REFERRAL DATE: _____

Reason for Referral:

Parent/Guardian Name: _____
Relation to Patient: _____
Contact No: _____

PULMONARY DIAGNOSTIC SERVICES

- ☐ Spirometry Only (Age 5+)
  - ☐ Include Medication/Inhaler Education & Review
- ☐ Pulmonary Function Test (Age 10+)
  - ☐ Include Medication/Inhaler Education & Review

CARDIOVASCULAR DIAGNOSTIC SERVICES

- ☐ 24-hr Holter Monitoring (Age 5+)
- ☐ 12-lead ECG
- ☐ Echocardiogram (**Must** Indicate reason for testing):

Symptoms/History of Chief Complaint:

Check all that apply:

☐ Palpitations ☐ Syncope
☐ Shortness of Breath ☐ Arrythmia/Tachycardia ☐ Chest Pain
☐ Cough ☐ Abnormal ECG ☐ Other: _____

Past Medical History:

Check all that apply:

☐ Premature Birth ☐ Murmur ☐ Known Heart Disease (describe)
☐ Known Asthma ☐ RSV ≤ 1yr ☐ Family Hx Heart Disease (describe) ☐ Respiratory-related Hospitalization(s)
☐ Recurrent Croup ☐ ASD ☐ VSD ☐ Other: _____

REFERRING PHYSICIAN INFORMATION

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

Referring Physician Signature: