For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

PROVINCIAL AMBULATORY (HOLTER AND EVENT MONITORS) ELECTROCARDIOGRAPHY REQUISITION

Please see: https://healthproviders.sharedhealthmb.ca/services/diagnostic-services/

Incomplete or Illegible Requisitions will be returned to the ordering center/healthcare provider.

Patients less than 17 years of age require consultation with Children's Heart Centre (HSC Winnipeg) prior to order.
If patient has a pacemaker/defibrillator: the device interrogation report can often provide the relevant information.
Indicate the clinic that was contacted if the device/report information was not available or inadequate. St. Boniface _____ / Brandon _____
It is recommended that a 12 lead ECG be performed prior to requesting Ambulatory Electrocardiography.

Ordering Provider Information *(FULL name and designation)*

Order Date: (dd/mmm/yyyy)

Last/First Name, Middle Initial: | MD/NP

Facility Name/Address:

Ph #: | Fax #:

Provider Signature: | Billing #:

Copy Report To *(if information missing, report may not be sent)*

Last/First Name, Middle Initial:

Ph #: | Fax #:

Facility Name/Address:

Last/First Name, Middle Initial:

Ph #: | Fax #:

Facility Name/Address:

Patient Information

MRN: Visit #:

Last Name, First Name:

Date of Birth (dd/mmm/yyyy)

Sex: □ Female □ Male

PHIN:

MB Reg #:

Patient Ph #:

Patient Address:

In hospital hook up: Facility: _____

Ward: _____ Fax # _____

Holter: ❑ 24 hour ❑ 48 hour ❑ 7 day* ❑ Patient Activated Event Recorder

Preferred hook up facility: _____

*7 Day Holter only available for post-stroke patients

Holter Lab Use:

Cable #: _____

Enterprise No: _____

Recorder # _____ Tech Initial: _____

Cardiac Disease Status *(please check the most appropriate indication)*

URGENT:

- ❑ Pregnancy
- ❑ Unexplained stroke (less than 1 month)
- ❑ Syncope/Presyncope with known arrhythmia/heart disease
- ❑ Syncope/Presyncope with family history of premature or unexplained cardiac death
- ❑ Unexplained Syncope/Presyncope and bifascicular block on ECG (consider direct referral to Pacemaker Clinic)
- ❑ Palpitations with known arrhythmia/heart disease or family history of premature or unexplained cardiac death
- ❑ Other (explain): _____

SEMI-URGENT:

- ❑ Unexplained stroke (more than 1 month)
- ❑ Syncope/Presyncope with normal ECG and no heart disease with frequent symptoms likely to occur during monitoring period
- ❑ Atrial fibrillation/flutter/tachycardia to assess rate or rhythm control
- ❑ Assess premature ventricular contraction (PVC) burden
- ❑ Assess response to antiarrhythmic or ablation
- ❑ Pacemaker assessment as recommended by Pacemaker Clinic
- ❑ Risk stratification in an asymptomatic patient with suspected/ known arrhythmia/heart disease or family history of premature or unexplained cardiac death
- ❑ Other (explain): _____

ELECTIVE:

- ❑ Syncope/Presyncope not meeting criteria for urgent or semi-urgent
- ❑ Palpitations not meeting criteria for urgent or semi-urgent
- ❑ Other (explain): _____

Cardiac Medications

- ❑ Antiarrhythmic (specify): _____
- ❑ Beta blockers
- ❑ Calcium channel blockers (specify): _____
- ❑ Digoxin
- ❑ Anticoagulation (warfarin or direct oral anticoagulant)
- ❑ Other: _____

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