EKGs-4-u

**Mobile EKG Service**

**Patient Demographics** (Patient label/ addressograph)

LTC Facility:

**Date:** _____ ❑ **Routine EKG** ❑ **Urgent EKG**

**Address:** _____

**Phone # to book appt:** _____ **Fax:** _____

**Ordering MD/NP:** _____

**Concern for? __ Ischemia/Infarct __ Arrythmia __ Long QT __ Heartblock __ Other**

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**INSTRUCTIONS:**

1. **Please ask the patient to change into a gown and lay down to rest comfortably for 10-15 minutes prior to performing the cardiogram.**

2. **Please ask the patient to avoid the use of body lotion or oil prior to the procedure.**

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**RELEVANT MEDICAL HISTORY:**

1. **Any history of heart problems? Yes _____ No _____**
2. **Have you had a previous heart attack? Yes _____ No _____**
3. **Are you having any chest pain? Yes _____ No _____**
4. **Do you have a pacemaker? Yes _____ No _____**
5. **What medications are you currently taking? Please attach MARS.**

**PLEASE COMPLETE ALL THE ABOVE FIELDS AND FAX TO: 204-338-3275**
**No cover sheet required.**

**FOR URGENT EKGs – FAX FORM AND CALL 204-339-5197 TO ARRANGE.**

EKGs4u Mobile EKG Service provides EKG services to PCHs in Winnipeg.

Operated by 5708592 MB Ltd, o/a McIvor Xray Clinic, 13C-1795 Henderson Hwy, Winnipeg, MB R2G 1P3