



HOLTER MONITORING/ EVENT RECORDER REQUISITION

Last Name: _____
First Name: _____
DOB: _____
Gender: _____
MFRN: _____
PHIN: _____
Primary Phone: _____ Alternate Phone: _____

ORDERING CARE PROVIDER TO COMPLETE (Results and strips will be forwarded to this provider)

- Pediatric patients (less than 17 years) should be assessed by the Variety Children's Heart Centre Arrhythmia Clinic
- Previous ECG's should be attached or available on MUSE for all requests.
- Incomplete or illegible requisitions will be returned to the originating center.

- 24-hour Holter Monitoring
 48-hour Holter Monitoring
 Event Recorder (*Patient must be capable of activating device during symptoms*)

Order Date: _____ New Clinical Issue OR Reassessment

Indications for Test:

- Palpitation Not Yet Diagnosed Symptom Frequency _____
 Stroke Not Yet Diagnosed Documented Atrial Fibrillation Yes No
 Known or Suspected Arrhythmia Type: _____
 Syncope, suspected Tachycardia or Bradyarrhythmia
 Wolff Parkinson White Assessment
 Pacemaker Function Assessment Device Settings: _____
• If your patient has a Pacemaker/Internal Cardio Defibrillator (ICD) device, please contact the Pacemaker/ICD Clinic for instructions prior to ordering.
 Chest Pain Stress Test Results _____
(required prior to requisition being processed)
 Approved Research Study Requirement
Study Name: _____ Number: _____

Cardiac Medications:

- None
 Anti-arrhythmics Type: _____
 Warfarin, Novel Oral Anticoagulants
(i.e., apixaban, rivaroxaban, dabigatran)
 Beta-Blockers
 Calcium Channel Blockers
 Digoxin
 Other: _____

Signature: _____ Printed Name and Designation: _____
LAST FIRST DESIGNATION

Phone: _____ Fax: _____

Residents MUST provide Attending Physician Information:

Printed Name: _____ Phone: _____ Fax: _____
LAST FIRST

Additional Report Sent to (if required; excluding strips)

Printed Name: _____ Fax: _____
LAST FIRST DESIGNATION

ORIGINATING (HOOK UP) CENTRE TO COMPLETE:

Hook up Centre: _____ Phone: _____ Fax: _____

Office Use Hook up Facility

PATIENT APPOINTMENT DATE AND TIME

Hook Up Date and Time: _____ 24 HOUR _____
D D M M M Y Y Y Y _____ 24 HOUR
Hook Up Staff: _____
LAST FIRST MUSE #

Monitor Return Date and Time: _____ 24 HOUR _____
D D M M M Y Y Y Y _____ 24 HOUR
Recorder #: _____

Office Use Analyzing Facility

Assigned Priority Elective Urgent Physician Name _____

Holter and Event Recorder Services Sites

Facility/Site	24-hour Holter Monitoring Hook Up	48-hour Holter Monitoring Hook Up	Event Recorder Hook Up
St. Boniface Hospital	X	X	X
Health Sciences Centre	X	X	X
Grace Hospital	X	X	X
Seven Oaks Hospital	X	X	
Concordia Hospital	X	X	X (cardiologist only)
Victoria Hospital	X	X	
Variety Heart Centre	X	X	X
Manitoba Clinic	X		

Facility/Site	24-hour Holter Monitoring Hook Up	48-hour Holter Monitoring Hook Up	Event Recorder Hook Up
Arviat Health Centre	X	X	
Baker Lake Health	X	X	
Chesterfield Inlet	X		
Coral Harbour Health	X		
Kivalliq Health (Rankin Inlet)	X	X	
Repulse Bay Health	X		
Sanikiluaq Health	X		
Whale Cove	X		

Facility/Site	24-hour Holter Monitoring Hook Up	48-hour Holter Monitoring Hook Up	Event Recorder Hook Up
Altona	X	X	
*Arborg	X		
*Ashern	X	X	
*Beausejour	X		
Boissevain	X	X	
Boundary Trails	X	X	
Carberry	X	X	
Carman	X	X	X
Churchill	X	X	
Dauphin	X	X	
Deloraine	X	X	
Flin Flon	X	X	
Gillam	X	X	
*Gimli	X	X	
Glenboro	X	X	
Grandview	X	X	
Hamiota	X	X	
Killarney	X	X	
Melita	X	X	
Minnedosa	X	X	
Morris	X	X	
Neepawa	X	X	
*Pinawa	X		
*Pine Falls	X	X	
Portage la Prairie	X	X	X
Rivers	X	X	
Roblin	X	X	
Russell	X		
*Selkirk	X	X	X
Shoal Lake	X	X	
Snow Lake	X	X	
Souris	X	X	
Ste. Rose	X	X	
Steinbach	X	X	
*Stonewall	X		
Swan Lake	X	X	
Swan River	X	X	
*Teulon	X	X	
The Pas	X	X	X
Thompson	X	X	X
Treherne	X	X	X
Virден	X	X	

* For these sites fax requisition to Selkirk Central Booking at 204-482-4605 to arrange hook up
CURRENT AS OF OCTOBER 2016