

Referring Physician: _____



m-health
SOLUTIONS

3190 Harvester Rd. Suite 203
Burlington, ON L7N 3T1
Phone: 1-888-636-0186

OFFICE STAMP

FAX REQUISITION TO 1-888-636-0181

PATIENT INFORMATION			
Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height: Weight:
Address:		Unit:	Telephone: Home: Work: Cell:
City:	Postal Code:		
D.O.B.: (dd/mm/yyyy)		Health Card Number	Version Code:
CC:	Name:		Fax number:
PRE-EXISTING CONDITION			
<input type="checkbox"/> Atrial Fibrillation/Flutter	<input type="checkbox"/> History of CVD	<input type="checkbox"/> TIA Stroke	
<input type="checkbox"/> Bradycardia (< _____)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Ventricular arrhythmias	
<input type="checkbox"/> Conductive disturbances	<input type="checkbox"/> Tachycardia (> _____)	<input type="checkbox"/> Other: _____	
REASON FOR REFERRAL			
<input type="checkbox"/> Abnormal ECG	<input type="checkbox"/> Drug therapy evaluation: _____	<input type="checkbox"/> Post Stroke/TIA	
<input type="checkbox"/> Atrial Fibrillation/Flutter R/O	<input type="checkbox"/> Dizziness/ loss of balance/ coordination	<input type="checkbox"/> Pre Op/ Post Op/ Post ablation	
<input type="checkbox"/> Bradycardia (< _____)	<input type="checkbox"/> Light-headedness	<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Syncope/fainting spells	
<input type="checkbox"/> Conductive disturbances	<input type="checkbox"/> Post MI follow up	<input type="checkbox"/> Tachycardia (> _____)	
<input type="checkbox"/> Other: _____			
CURRENT MEDICATION(S)			
<input type="checkbox"/> ACE Inhibitor	<input type="checkbox"/> Beta Blocker	<input type="checkbox"/> Heparin	<input type="checkbox"/> Pacemaker <input type="checkbox"/> Implanted Cardiac Defibrillator
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Coumadin (Warfarin)	<input type="checkbox"/> Nitroglycerin	
<input type="checkbox"/> Amlodipine (Norvasc)	<input type="checkbox"/> Dabigatran (Pradax)	<input type="checkbox"/> Rivaroxaban (Xarelto)	
<input type="checkbox"/> Apixaban (Eliquis)	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Sotalol	
<input type="checkbox"/> ARB	<input type="checkbox"/> Diltiazem	<input type="checkbox"/> Statin	
<input type="checkbox"/> ASA	<input type="checkbox"/> Diuretic	<input type="checkbox"/> Verapamil	
<input type="checkbox"/> Other: _____			

PHYSICIAN ACKNOWLEDGEMENT: By referring the above patient for the m-CARDS™ service, I acknowledge I have completed the patient education and technical set-up as outlined on the reverse side of this form.

Test Requested:

<input type="checkbox"/> 2 Weeks
<input type="checkbox"/> 4 Weeks

Physician Signature: _____ Date: _____

Please tear bottom and give to patient



m-CARDS™

mobile-Cardiac Arrhythmia Diagnostic Service

Our Cardiac Center will contact you within 1 business day to explain the test procedure. If you have any questions in the meantime, please call us at:

1-888-636-0186

Mon.-Thurs.: 9am - 7pm, Fri.: 9am - 5pm, Sat.: 11am - 4pm

Please visit our website to watch the instructional video or read the frequently asked questions : www.heart-health.ca



Cardiac Diagnostic Service

v 1.3

PATIENT TECHNICAL SET-UP

ELECTRODE PLACEMENT

- Prepare the following 2 areas for electrode placement by washing with soap and water (and shaving if necessary):
 1. Upper right, midway on the clavicle.
 2. Lower left, mid-clavicular line on the 5th or 6th rib.

- Place an electrode patch on each of the 2 prepared sites.

NOTE:

- Electrode patches can stay on for 3-4 days before they need to be replaced (or until the heart monitor says 'ELECTRODES').
- If skin becomes irritated, try changing the position of the patch slightly.
- The kit will come with a lead wire. Connect the white snap button of the lead wire to the electrode on the right clavicle and the red snap button to the electrode on the left.
Quick tip to remember: white on the right, red close to your heart.

PATIENT EDUCATION

- This test is for diagnostic purposes only; in case of a medical emergency contact 911 or go to the nearest hospital.
- When you feel a symptom always remember to press the green button on the heart monitor. It is also recommended that you complete a symptom diary. You can do so directly on the BlackBerry (instructions on how to do so are included in the kit) or you can phone our cardiac center to report it.
- The heart monitor will turn off after 2 minutes of being disconnected. To turn it back on simply press and hold the center green button until the display comes up (remember to turn it back on after taking a shower).
- Always keep the BlackBerry within 30 feet (10m) of you and remember to charge it nightly.
- If you do not have cell reception where you are, do not worry, all the information will be stored on the BlackBerry and we will receive it when you come back into cellular coverage or the kit is returned.
- The diagnostic kit is the property of m-Health Solutions Inc. You are responsible for the diagnostic equipment (heart monitor and the BlackBerry) for the duration of the testing period.
- You must connect **immediately** upon receiving the kit and return the equipment promptly at the end of the testing period in good working order.
- This is a 2 or 4 week test.
- We will call you at the end of your test and instruct you on how to return the kit (a pre-paid envelop is included in kit).

Important Information about the Test

- This test is for diagnostic purposes only, in case of emergency contact 911 or go to nearest hospital.**
- At the end of the test m-Health Solutions will contact you to let you know that your test is over.**
- If you experience technical difficulty during the Test, disconnect the electrode and call us at 1-888-636-0186.**

1) Upper right



2) Lower left