CANADIAN CARDIAC CARE
Global Cardiovascular Risk Management
SASKATCHEWAN BRANCH

HOLTER REQUISITION ENROLLMENT & LOAN FORM

PATIENT INFORMATION (LABEL)

Name (Last, First)			Gender ☐ Male ☐ Female ☐ Other
Address		Unit	Home Phone
City	Province	Postal Code	Cell Phone
Health Card Number		Version Code (if applicable)	DOB (MM/DD/YYYY)

REFERRING HEALTH CARE PROVIDER INFORMATION

Name			**Referrer's Signature**
Billing #	Tel #	Fax #	**Date** (MM/DD/YYYY)
Copy Report to:			Fax #

SYMPTOM(S)

☐ Dizziness ☐ Syncope
☐ Lightheaded ☐ TIA / Stroke*
☐ Palpitation
☐ Other: _____

*N Engl J Med 2014; 370:2467-2477 June 26, 2014

CURRENT MEDICATION(S)

☐ Antiarrhythmic ☐ Beta-Blocker
☐ Anticoagulant ☐ Ca Channel Blocker
☐ ASA
☐ Other: _____

DEVICE(S)

☐ Pacemaker
☐ Implanted Cardiac Device

TEST DURATION

☐ 3-Day ☐ 7-Day

OFFICE USE ONLY

PATIENT LOAN AGREEMENT

I understand that the equipment loaned is sensitive and valuable. We require that all equipment be handled with care. The borrower understands that the following actions may result in damage to the device: *1) Submerging the unit in liquid (ie. bathing, swimming) or exposing unit to direct streams of water. 2) Dropping the device. 3) Any other action by the borrower that causes damage to the device.*

The borrower must ensure that the equipment is returned in working condition. I understand that the device is not life saving. The lender assumes no responsibility in case of technology failure or any personal injury sustained by improper use by the borrower.

Electronic Data Sharing: I understand the information collected will be electronically shared with Canadian Cardiac Care in order to fulfill monitoring services. **By signing this document I acknowledge that I have read and understand the terms and conditions stated above.**

_____ _____

Patient's Signature (Equipment Borrower) **Date** (MM/DD/YYYY)

HOOKUP

Serial Number		
Hookup Date (MM/DD/YYYY)	Time (HH:MM) ☐ AM ☐ PM	Staff Initials

RETURN

Monitor Condition ☐ OK ☐ Damaged ☐ Other _____		
Return Date (MM/DD/YYYY)	Time (HH:MM) ☐ AM ☐ PM	Staff Initials

REF: CCC-SK-HREQ-2024

Please Fax Requisition to Patients Preferred Pickup Location

☐ **MOOSE JAW**
361 Main Street North
Moose Jaw, SK S6H 0W2
T: (306) 692-5066
F: (306) 691-5966

☐ **REGINA**
201-2550 12th Ave.
Regina, SK S4P 3X1
T: (306) 359-7885
F: (306) 761-2656

☐ **SASKATOON**
23-2605 Broadway Ave.
Saskatoon, SK S7J 0Z5
T: (306) 652-3496
F: (306) 652-3493

☐ **YORKTON**
269 Bradbrooke Dr.
Yorkton, SK S3N 3L3
T: (306) 783-2977
F: (306) 783-2980

☐ **SWIFT CURRENT**
2021 Saskatchewan Dr.
Swift Current, SK S9H 0X6
T: (306) 773-5855
F: (306) 778-3799