



# MINDS

Mississauga Institute of Neurological  
Disorders and Stroke

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## Vascular/ Cardiac INVESTIGATION(S)

### PATIENT INFORMATION

Last Name:		First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (DD/MM/YYYY):			Home #:		Cell #:
Health Card #:					
<input type="checkbox"/> OHIP <input type="checkbox"/> Private Pay <input type="checkbox"/> Motor Vehicle Accident			<input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent		

### INVESTIGATIONS

#### **Ultrasound**

- carotid doppler
- 3D carotid plaque evaluation\*
- Vascular ultrasound
- R/o GCA ultrasound (urgent)

#### **Home sleep study Level 3\***

#### **Cardiac testing**

- Echocardiogram
- Echocardiogram with bubble
- Echocardiogram with contrast
- Holter monitoring
  - 48h  72h  14Days  30Days
- Ambulatory blood pressure monitoring\*

\*not covered by OHIP

### INDICATION (S) FOR INVESTIGATION

- |  |   |
|--|---|
| <input type="checkbox"/> Suspected seizure       | <input type="checkbox"/> Stroke/TIA                                   |
| <input type="checkbox"/> Suspected Syncope       | <input type="checkbox"/> PFO  |
| <input type="checkbox"/> LOC NYD                 | <input type="checkbox"/> ESUS (Embolic Stroke of Undetermined Source) |
| <input type="checkbox"/> Arrythmia               | <input type="checkbox"/> Giant cell arteritis                         |
| <input type="checkbox"/> Obstructive sleep apnea |   |

**Other**

**Consult if abnormal diagnostic test**

### REFERRING PHYSICIAN INFORMATION

Name:	Billing Number:
Phone:	Fax:
Copies to:	