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Pediatric and Fetal Echocardiogram Order Form

Date: _____

Type of Test:

Pediatric Echocardiogram

Fetal Echocardiogram

Relevant Clinical History (include type/size of prosthetic valve if applicable):

Ordering Physician Name: _____ Signature: _____

Attending Name (Please print) : _____ Contact Number: _____

INCOMPLETE REQUISITIONS WILL BE RETURNED.

FOR ECHO LAB USE ONLY: FOR STRESS ECHO APPROVAL

Approved by: _____ Date: _____

INDICATIONS FOR PEDIATRIC/NEONATAL ECHOCARDIOGRAM: CHOOSE ALL THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Syndromes associated with congenital heart disease | <input type="checkbox"/> Pulmonary hypertension |
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Kawasaki disease | <input type="checkbox"/> Systemic hypertension |
| <input type="checkbox"/> Exercise induced chest pain or syncope | <input type="checkbox"/> Infective endocarditis | <input type="checkbox"/> Arrhythmias |
| <input type="checkbox"/> Respiratory distress | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Valve disease |
| <input type="checkbox"/> Murmurs | <input type="checkbox"/> Rheumatic fever and carditis | <input type="checkbox"/> CHD follow-up |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Myocarditis | |
| <input type="checkbox"/> Cardiomegaly | <input type="checkbox"/> Pericarditis | |
| <input type="checkbox"/> Abnormal arterial pulses | <input type="checkbox"/> Systemic lupus erythematosus | |
| <input type="checkbox"/> Family history of inherited heart disease | <input type="checkbox"/> Exposure to cardiotoxic drugs | |

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston



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