UHN **Peter Munk Cardiac Centre**

Patient Stamp

Transesophageal Echocardiogram (TEE)
Requisition and Patient Information Form

Note: To be completed by the referring physician or patient's primary care physician. Please fax this Form to TGH Echo Lab with **physician notes and blood test results**. The patient must be **NPO from midnight the night before.** Out-patients must come **accompanied by a responsible adult**. The test will not start unless escort is present.

Patient Name: _____ Patient's date of birth : _____

Patient's HCN or UHN MRN: _____

Indication/s for TEE : _____

Allergies: _____

Medications: name and dosage (use separate sheet if necessary)_____

_____

Past medical and surgical history:_____

_____

_____

Lab results : Date:_____ Hemoglobin: _____g/L Platelets : _____x10^9/L INR : _____

Significant findings on physical exam:_____

_____

Please note: Indicate if any of the following apply to your patient. This will alert us of the need for additional staffing and resources. Failure to do so may result in the rescheduling of the procedure.

Y   N   The patient has a large intracardiac shunt/ASD with potential to reverse shunt, or requires home oxygen therapy. The oxygen saturation at rest is _____

Y   N   The patient has critical aortic stenosis or critical mitral stenosis

Y   N   The patient has severe cervical arthritis or cervical instability

Y   N   The patient has anemia or thrombocytopenia

Y   N   The patient takes Coumadin (warfarin). If yes, attach copy of the latest INR result. Outpatients are to bring to their appointments INR results drawn within 2-3 days of the scheduled TEE date. If INR is >3.5, the test will be rescheduled

Y   N   The patient has history of adverse reaction to the topical anaesthesia lidocaine (Xylocaine^R), midazolam (Versed^R) , fentanyl (Sublimaze^R)or propofol (Diprivan^R) OR family history of problems with anesthesia

Y   N   The patient has history of dysphagia, esophageal tear/varices/upper GI bleed or has liver cirrhosis with clinical evidence of portal hypertension. If yes, attach copy of recent UGI scope report

Y   N   The patient is taking GLP-1 Analogues(e.g.Semaglutide,Rybelsus,Trulicity,Victoza,Wegovy,Ozempic,Tirzepitide,Mounjaro)

Y   N   The patient has complex congenital heart disease/repair (Single ventricle, TGA, Tetralogy of Fallot, tricuspid valve atresia, pulmonic valve atresia, Fontan/Mustard/Glenn shunts)

Y   N   The patient is pregnant or post-partum

Y   N   The patient weighs less than 90lbs (40kg) or has a body mass index (BMI)>30

Y   N   The patient is diabetic (Type I or Type II, please circle)

Y   N   The patient requires an interpreter. Language : _____

Date: _____ Time: _____ PRINT Name: _____MD

MD Phone: _____ MD Fax: _____ Signature: _____MD