WELL Health | MEDICAL & LONGEVITY CENTRES

☐ CT ☐ MRI ☐ U/S ☐ ECHO U/S ☐ X-RAY ☐ RADIOLOGIST TO DECIDE

Last Name | Middle Initial | First Name | Date of Birth (MM / DD / YYYY)

Address | City | Province | Postal Code | Height | Weight (Kg)

Home Phone | Work Phone | PHN# | WCB#

☐ Female ☐ Male

Known Allergies | Current Medication(s)

Patient Questionnaire

Is there a chance that the patient may be pregnant? Indicate date of last menstrual period: Y / N

Has the patient ever been a metal worker, grinder, or welder? Y / N

Has the patient ever had a metallic foreign body in their eye? If Yes, please provide an orbital X-ray report prior to appointment. Y / N

Does the patient have any of the following?

- ☐ Cardiac pacemaker
- ☐ Cochlear implants
- ☐ Aneurysm clip
- ☐ Tattoos or body piercing
- ☐ Neurostimulator
- ☐ Stents
- ☐ Other implanted device(s) or metallic objects in body? Please detail:

Is the patient claustrophobic? Y / N

Does the patient have diabetes mellitus? If yes, are they on insulin or Metformin?
Diabetes ☐ Insulin ☐ Metformin ☐

Does the patient have a history of significant kidney disease? Y / N

Is the patient mobile? Y / N

Referring Physician

Name | MSP#

Fax #

Additional Copies To

Name | Fax #

Name | Fax #

Specifics

AREA(S) TO BE EXAMINED

1. 2.

3. 4.

Results of relevant examinations/surgical procedures. Please fax any previous reports.

CLINICAL HISTORY

Physician's signature

OFFICE USE ONLY

DATE OF EXAM: (MM / DD / YYYY) TIME: am / pm IV Contrast: ☐ Yes ☐ No Buscopan: ☐ Yes ☐ No

Phone: 604.628.2822 Fax: 604.484.8141
Unit 107 - 555 West 8th Avenue, Vancouver, BC, Canada V5Z 1C6

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Patient Preparation

For Pelvic or Obstetrical Ultrasounds

- *Your bladder must be full*
- *Drink lots of water on the day of the scan and make sure that you are well hydrated*
- *You may empty your bladder as usual. Drink 2 FULL cups of water one hour before the scan*

For Abdominal Scans

- *No food after midnight on the day of the scan*
- *No smoking, chewing gum, or carbonated beverages on the day of your scan*
- *You may drink water, apple juice, clear tea, or clear coffee*

For Renal and Other Scans

- *No preparation necessary*

Diagnostic Services

MRI Scan

Abdomen
Pelvis
Arthrogram
Knees
Brain/Traumatic Brain
Breast
Cardiac
Enterography
MRV
Spine

CT Scan

Cardiac CT Angiogram (CCTA)
Cardiac Calcium Score
Arthrogram
Colonography
Abdomen
Kidney/Urethral/Bladder
Chest
Pelvis
Dental
Enterography
Extremity
Head
Spine

Ultrasound

Abdominal
Pelvis
Axillae
Biceps
Carotid
Groin
Kidney/Urethral/Bladder
Shoulder
Tendon
Testicle
Thyroid

Cardiac

24-hour Holter Monitor
Echo-cardiogram
Stress Test

X-Ray

Spine
Chest
Flexion/Extension
Other

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