

Cardiology Stress Test Request Form

Cardiology Department, Direct Line: (020) 7460 5756
 Cardiology Department, Direct Fax: (020) 7460 5592



PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL
All sections of this form must be fully completed

Referring Doctor: Name: _____ Address: _____ Phone: _____ Fax: _____	Patient Details: Place Sticker Here Name: _____ Date of birth: _____ MRN: _____
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ESSENTIAL PATIENT INFORMATION

Reason for Investigation Medical Check-up _____ Chest Pain _____ Angina _____ Hypertension _____ Shortness of Breath _____ DVLТ _____ Pilot Screen _____	Symptoms _____ _____ _____ _____ _____ _____ _____
Previous ECG's @ Cromwell Hospital Yes _____ No _____ Date _____	

<i>PATIENT HISTORY</i>	Yes	No
Myocardial Infarct Date _____		
CAD		
Valve Disease		
Heart Failure		
Heart Surgery		
Hypertension		
Pulmonary Disease		
Pulmonary Vascular Disease		
Diabetes		
Locomotion problem: <i>Intermittent claudication, Knee or Hip Problems</i>		

ADDITIONAL INFORMATION									
Current drug Regime	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 20px;">Y</th> <th style="width: 20px;">N</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Digoxin</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">Beta Blockers</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">Aspirin</td> <td style="text-align: center;"></td> </tr> </tbody> </table>	Y	N	Digoxin		Beta Blockers		Aspirin	
Y	N								
Digoxin									
Beta Blockers									
Aspirin									
<i>Beta Blockers should preferably be stopped 24 hours prior to the test</i>									
Previous ECG findings:									
_____ _____ _____									

CONTRAINDICATIONS FOR STRESS TESTING	
<ul style="list-style-type: none"> ● UNSTABLE ANGINA ● AORTIC STENOSIS ● ACUTE M.I. ● UNCONTROLLED HYPERTENSION 	
Exercise Stress Test charge	540103

HAVE YOU DISCUSSED THIS TEST WITH THE PATIENT _____ _____ _____	Referring Clinical Signature Signature: _____ Date: _____
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