

Cardiology stress test request form

Cromwell Hospital

Cardiology department, direct line: (020) 7460 5756/5755
Cardiology department, direct fax: (020) 7835 2431

PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL				
All sections of this form must be fully completed				
Referring doctor:		Patient details: Place sticker here		
Name:.....		Name:.....		
Address:.....		Date of birth:.....		
Phone:.....		MRN:.....		
Fax:.....				
ESSENTIAL PATIENT INFORMATION				
Reasons for investigation		Symotoms:		
Medical check-up:.....				
Chest pain:.....				
Angina:.....				
Hypertension:.....		Previous ECGs at Cromwell Hospital		
Shortness of breath:.....		Yes..... No..... Date.....		
DVLt:.....				
Pilot screen:.....				
PATIENT HISTORY		Yes	No	ADDITIONAL INFORMATION
Myocardial Infarct				Current drug regime:
Date:.....				
CAD				
Valve disease				
Heart failure				Beta blockers
Heart surgery				Aspirin
Hypertension				Beta Blockers should preferably be stopped 24 hours prior to the test Previous ECG findings:
Pulmonary Disease				
Pulmonary Vascular Disease				
Diabetes				
Locomotion problem:				CONTRAINDICATIONS FOR STRESS TESTING
Intermittent claudication, Knee or Hip Problems				
HAVE YOU DISCUSSED THIS TEST WITH THE PATIENT				Exercise stress test charge 540103
				Referring clinical signature
				Signature:.....
				Date:.....