

Exercise Stress Test Requisition

TEST SCHEDULED

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time: \_\_\_\_\_ hours

---

Patient's Name: \_\_\_\_\_

Medical Record Number (if known): \_\_\_\_\_

Age: \_\_\_\_\_ years Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Sex:  Male  Female

Current Medications: \_\_\_\_\_

\*Cardiologist required to be present?  Yes  No

\*Clinic visit with Cardiology evaluation to be done in conjunction with exercise stress test?  Yes  No

Diagnosis: \_\_\_\_\_

Current Complaint(s): \_\_\_\_\_

Test Objective(s): \_\_\_\_\_

- 
- Type of Test (if known):
- Arrhythmia
  - Syncope  
(Prior to scheduling a tilt table test discussion with a staff Cardiologist, Exercise Physiologist, or Staff Nurse must be undertaken.)
  - Assess functional capacity with oxygen consumption (metabolic studies)
  - Assess functional capacity without oxygen consumption
  - Exercise-Induced Asthma (EIA)
    - administer albuteral (dose 4 puffs) if needed for symptomatic shortness of breath.
  - Resting Energy Expenditure
  - Assess oxygen saturation during exercise.
  - Assess blood pressure during exercise.
  - Chest Pain (Not EIA)

Test Should be Done:  At Patient's Convenience  Within 1 Month  Within 2 Weeks  ASAP

Ordering Physician (please print) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NOT A PART OF THE PERMANENT MEDICAL RECORD