

NovaHealth
STRESS TEST WORKSHEET

Pt. Name _____
DOB _____
PCP _____
Male Female

Today's Date _____
Weight _____
Pt Phone # _____
NDS Acct # _____

Diagnosis / Indications: _____

Attach copy of current ECG.

Documented Myocardial Infarction? Yes No
Is the patient a smoker? Yes No
History of COPD? Yes No
Currently on beta-blockers? Yes No
Can patient stop use of beta-blockers for 24 hours before test? Yes No

Does the Pt. have any of these contraindications to stress testing:

- Yes No Acute Myocardial Infarction (within 2 days)
- Yes No Unstable angina not previously stabilized by medical therapy
- Yes No Uncontrolled cardiac arrhythmias
- Yes No Symptomatic severe aortic stenosis
- Yes No Uncontrolled symptomatic heart failure
- Yes No Acute pulmonary embolus or pulmonary infarction
- Yes No Acute myocarditis or pericarditis
- Yes No Acute aortic dissection

IF YES, CONSULT SOUTHERN MAINE CARDIOLOGY Phone 282-3666 Fax 282-4281

IF NO → Can the Pt. walk more than 100 ft. without stopping? **Yes** **No**

→ **IF NO** → Pharmacologic Imaging Stress Test

→ **IF YES** → Does the Pt.'s ECG have:

- Yes No Left bundle branch block
- Yes No Ventricular paced rhythm
- Yes No Left ventricular hypertrophy with re-polarization abnormalities
- Yes No Digoxin treatment
- Yes No Baseline ST-T abnormalities

IF YES to ECG questions → Imaging Stress Test

IF NO to ECG questions → Exercise Stress Test (Non Imaging)

If a prior stress test has been done, when _____ and where _____

PRIMECARE SOUTHERN MAINE CARDIOLOGY Phone 282-3666 Fax 282-4281

- Paul Meadows, MD
- Edward Quinlan, MD
- Howard Sherman, MD
- No preference
- URGENT** (PCP to call cardiologist if urgent).

Provider other than SMCA: _____

Test Ordered: Non Imaging Stress Test Stress Echo Cardiolite Exercise; or
Comments: _____ Adenosine

*****This section to be completed by cardiologist ONLY*****

Date of Appointment _____ Appt. With _____ Pt. Aware? Yes No
Revised 9/30/03 Verbally By Mail