

Cardiology Stress Test Request Form

Telephone: 020 7460 5700 Extension: 5410/ 7305 * Email: cardiacoutpatients@cromwellhospital.com * Clinic hours: 9.30am to 7.30pm

**PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL
(FAILURE TO DO SO CAN CAUSE DELAYS OR CANCELLATION)**
All sections of this form must be fully completed

Referring doctor: Name:..... Email:	Patient details: Place sticker here Name:..... Date of birth:..... MRN:.....
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ESSENTIAL PATIENT INFORMATION

Reason/s for investigation (Please tick one or more) Medical check-up : _____ Chest pain/Angina: _____ Hypertension : _____ Shortness of breath: _____ DVL T : _____ Pilot screen : _____	Symptoms: Exercise stress test charge 540103
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PATIENT HISTORY	Yes	No	Current drug regime:	Y	N
Myocardial Infarct Date.....					
CAD			Digoxin		
Valve disease			Beta blockers		
Heart failure			Aspirin		
Heart surgery					
Hypertension					
Pulmonary Disease					
Pulmonary Vascular Disease					
Diabetes					
Locomotion problem: <i>Intermittent claudication, Knee or Hip Problems</i>					

Beta Blockers should preferably be stopped 24 hours prior to the test.

Previous ECG findings:

CONTRAINDICATIONS FOR STRESS TESTING

- UNSTABLE ANGINA
- AORTIC STENOSIS
- ACUTE M.I.
- UNCONTROLLED HYPERTENSION

Referring clinician signature (mandatory)

Signature:.....

Date:.....

Have you discussed this test with the patient or parent/guardian:

YES NO

Additional information:

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Author	Highly Specialised Cardiac Physiologist	Page	1 of 1	Review date	July 2027