TIMMINS AND DISTRICT HOSPITAL

STRESS TESTING REQUEST FORM

Name: _____

Tel #: _____ D.O.B.: _____

HCN: _____ ☐ M ☐ F

TEST REQUESTED

- ☐ Regular Stress Test
- ☐ Post MI Stress Test (Modified Bruce)

Internist or Cardiologist only may order:

- ☐ Stress MIBI
- ☐ Persantine MIBI

weight: _____

Can the patient ambulate on a treadmill?

- ☐ Yes
- ☐ No (please clarify)

Does the patient have a Left Bundle Branch Block?

- ☐ yes ☐ no

REASON FOR TEST

- ☐ DIAGNOSTIC

If test is for diagnostic purposes, please select:

- ☐ *Off Beta Blockers (x 48 hrs)*
- ☐ *Off Nitrates (x 4 hrs)*
- ☐ *Off Calcium channel blockers (x 24 hrs)*
- ☐ *To remain on meds as clinically contraindicated to be off*

- ☐ ASSESSMENT OF CURRENT THERAPY
- ☐ OTHER: _____

RISK FACTORS:

- ☐ Family Hx ☐ HTN
- ☐ Diabetes ☐ Obesity
- ☐ Smoking
- ☐ Hyperlipidemia

Patient to review results with:

- ☐ Family Physician
- ☐ IMC (please make referral)
- ☐ Other: _____

PHYSICIAN NAME (please print): _____ OHIP# _____

and SIGNATURE: _____ Date: _____

PLEASE SELECT CONSULTANT:

- ☐ **DR PARMAR** (Please send completed forms to his office or fax to **705-268-8066**)
- ☐ **LOCUM INTERNIST** (Please send completed forms to TDH Cardiopulmonary or fax to **705-267-6346**)

***** IF URGENT, CONTACT CONSULTANT DIRECTLY*****

SYMPTOMS: _____

MEDICATIONS: _____