



ST. MICHAEL'S HOSPITAL
Dún Laoghaire

CARDIAC DEPARTMENT
Ph: 01 663 9895 • Fax: 01 271 3026

EXERCISE STRESS TEST

Referring Doctor: _____

Doctors Name: _____

Address: _____

Phone: _____

Fax: _____

**Incomplete forms are a contra-indication and will not be accepted.
Incomplete forms will be returned and hence cause delay.**

Diagnosis and Reason for Test Include recent ECG	Name	MRN
	Address:	
	Pt's Mobile/Phone:	
	Age/D.O.B.	Sex
	Dr.,	Ward/OPD
	Date	Signed

CONTRA-INDICATIONS

If any exist then consider a medically supervised Exercise Threadmill Test (ETT), (Tick to indicate not present)

• Unstable angina	NOT PRESENT <input type="checkbox"/>
• Angina <1 month following MI, PCI, CABG	NOT PRESENT <input type="checkbox"/>
• Known left main stem stenosis	NOT PRESENT <input type="checkbox"/>
• Aortic Stenosis/HOCM	NOT PRESENT <input type="checkbox"/>
• Uncontrolled raised BP (SBP >180mmHg and/or DBP >100mmHg)	NOT PRESENT <input type="checkbox"/>
• Hypotension (SBP <90mmHg)	NOT PRESENT <input type="checkbox"/>
• History of ventricular arrhythmias / tests for arrhythmia provocation	NOT PRESENT <input type="checkbox"/>
• ECG demonstrates Left Bundle Branch Block, AF, WPW	NOT PRESENT <input type="checkbox"/>

CURRENT MEDICATION - Must be included

B-Blocker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Relevant Meds:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Digoxin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please Specify:	
Certain medications may reduce the sensitivity of the exercise test to IHD. Do you wish the patient to exercise on full medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			

MEDICAL CONSENT

In my opinion it is safe to proceed with a medically unsupervised stress test; and that none of the contra-indications to ETT exist.			
Signed: Dr.		Consultant <input type="checkbox"/>	Registrar <input type="checkbox"/>
Bleep #		GP <input type="checkbox"/>	SHO <input type="checkbox"/> Intern <input type="checkbox"/>
		Date:	