



**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./Mr.	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: .....	

Please e-mail the completed form to the cardiology clinic in St Michael Hospital  
[cardiologyclinic@stmichaels.ie](mailto:cardiologyclinic@stmichaels.ie)

Form 7 - Exercise Test