



EXERCISE TEST REQUISITION & REPORT

KAWARTHA CARDIOLOGY CLINIC

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Tel: (705) 740-6888 Fax: (705) 749-9611

Name _____

Address _____

Postal Code _____ Phone _____

Date of Birth _____ Age _____

Health Number _____

Ref. Physician _____

Booking Date _____

Service Date _____ Time _____

EXERCISE TEST

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PATIENT'S HEIGHT _____ cm. WEIGHT _____ Kg. BSA _____ (sq. m.)
(Body Surface Area)

PREVIOUS EXERCISE TEST AT THIS LAB YES NO

INDICATIONS FOR TEST:

Class 1 PTS (low risk)
 Coronary Risk Analysis

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 Anticipated Exercise Program
 Exercise Capacity
 Blood Pressure Response
 Nonanginal Chest Pain
 Atypical Pain

PRETEST RISKS: (Must be completed for risk analysis)

Sex _____
Age _____
BP (sitting) _____
Fasting Blood Sugar _____
Cholesterol _____
Smoking--0/1-10/11-20/greater than 20
LVH on ECG Yes/No

CARDIAC MEDS DOSE

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Class II and III Patient (Dx):
 Angina MI Valve _____ Myopathy
 Stress Echo. Rhythm _____ Congenital _____ CHF
 Stable Angina Post Valve Surgery
 Post-unstable Angina Exercise Capacity
 Post-MI (Submax) (day/ wks/ mos) Rhythm Provocation
 Post-MI (max) (wks/ mos/ yrs) Hypertension
 Post-PTCA (wks/ mos/ yrs) Evaluation of Rx
 Post-CABG (wks/ mos/ yrs)

Bruce Naughton Mod. Bruce
 Rest HR ____ BP ____ MPHR ____
 Pre-Test Risk ____% over 6 yrs.

RESTING ECG NORM ABN.
 EX Duration _____ min
 EST MET _____ %MPHR
 EST MVO₂ _____

Rate pressure product
 Angina ____ X ____ =
 ST ____ X ____ =
 MAX ____ X ____ =
Symptoms _____
 Termination _____
 Comments:

	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE V	STAGE VI	STAGE VII	STAT	2 min Post	4 min Post	6 min Post
HR											
ST											
BP											
OBS											
HR											
ST											
BP											
OBS											

Test: Neg. Equiv. Pos. Inconclusive

INTERPRETATION