

Stress Test Ordering at YHC

Note: If the patient is pacemaker-dependent, please ask for a consultation first.

Patient's name _____

Date of birth _____ Male _____ Female _____

Referring doctor _____ Phone _____

Indication for the test _____

(It must be an approved indication – go to <http://www.yakimaheartcenter.com/> for more information.)

Alternative 1: Indicate which test you want and include Height _____ Weight _____

Nuclear Medicine Department:

___ Exercise stress MIBI ___ Adenosine/Dobutamine/Lexiscan (pharmacological test) MIBI

Echo Department:

___ Exercise stress echo ___ Dobutamine (pharmacological test) echo

Our staff will do pre-test screening to look for a contraindication to the test that's ordered. If we find a contraindication, we will cancel the test and let you know the reason for that decision.

We will not determine whether to stop negative chronotropic medications for the test. That decision is yours.

We will not attempt to determine whether the patient's exercise capacity is adequate for the test.

We will stop the test early if hypertension control is inadequate.

Alternative 2:

If you would prefer having us decide which test to do, please check here _____ and answer the following questions. We cannot make a decision without this information. If you can't answer these questions, consider a consultation so we can help make a decision about stress testing.

Is the patient able to exercise well? Yes No

Is the patient's blood pressure usually 160/90 or less? Yes No

Does the patient have asthma? Yes No

Is the patient on a beta blocker, diltiazem or verapamil? Yes No

Would it be safe to stop these medications 48-72 hours before the test? Yes No

Please attach a recent ECG and a copy of your clinical note dealing with the reason for the test.

*****Please fax to 574-0330*****