Providence HEALTH CARE

P.GSNWO p1

CARDIOLOGY LABORATORY STRESS TEST REQUISITION

Date: _____

PATIENT INFORMATION:

_____ ☐ Male ☐ Female
SURNAME FIRST NAME

DOB (mm/dd/yyyy) : _____ PHN: _____

Attending MD: _____

PHONE: _____
HOME CELL WORK

☐ MSP ☐ WSBC ☐ ICBC ☐ Other: _____

Hospital MRN:

LANGUAGE: ☐ English Other: (specify) _____
☐ Patient will bring interpreter ☐ Interpreter to be booked

☐ **ST PAUL'S HOSPITAL** 1081 Burrard Street, Vancouver

☐ **Main Lab:** Room 2450, Providence Wing
Phone: 604-806-8032 **Fax: 604-806-9053**
Monday-Friday: 0800-1600

☐ **Satellite Lab:** Room 483, Burrard Building
Phone: 604-682-2344 ext 69923 **Fax: 604-806-9927**
Monday-Friday: 0800-1600

☐ **MOUNT SAINT JOSEPH HOSPITAL**
3080 Prince Edward Street, Vancouver
3rd Floor, Room 326
Phone: 604-877-8190 **Fax: 604-877-8199**
Monday-Friday: 0800-1600

APPOINTMENT DATE: _____ **TIME:** _____

All sections of this requisition must be completed, including the medication list, relevant history and pacemaker/ICD information, before an appointment will be booked. Incomplete requisitions will be returned.

☐ ROUTINE STRESS TEST

Note: if the indication is for diagnosis of coronary artery disease:
1. If the patient has an abnormal resting ECG, a MYOCARDIAL PERFUSION STRESS TEST should be booked through Nuclear Medicine.
2. If the patient can walk less than one block, a PERSANTINE STRESS TEST should be booked through Nuclear Medicine.

☐ BICYCLE STRESS TEST (St. Paul's Hospital only)

Indicated for patients who can walk for at least one block but cannot walk on a treadmill.

LIST CARDIAC MEDICATIONS: ☐ None

_____
_____
_____

RELEVANT HISTORY: _____

_____
_____
_____

TEST INDICATION:

☐ Chest discomfort: ☐ Exertional ☐ Non-exertional
☐ Shortness of breath on exertion
☐ Post PTCA/CABG Assessment
☐ Risk stratification
☐ Arrhythmia
☐ Syncope
☐ Pre-transplant Assessment
☐ Post Cardiac Transplant Assessment
☐ Cardiac Rehab Assessment
☐ Pre-op Assessment: _____
☐ Other (e.g. Insurance Medical, Pilot License) specify: _____

NOTE: Insurance & pilot license stress test assessments are not covered by MSP. The cost must be covered by the patient or the insurance company. Cardiac Rehab Program Stress testing is only covered by MSP for one stress test every 12 months (unless performed as part of a myocardial perfusion stress test).

DOES THE PATIENT HAVE: Pacemaker: ☐ No ☐ Yes
ICD: ☐ No ☐ Yes If yes, indicate shock zone in bpm: _____

REFERRING PHYSICIAN (NOT RESIDENT/FELLOW):

_____ _____ _____
Printed name Signature Billing No

_____ _____
Contact No. (cell or pager) Fax No.

_____ _____
Additional copy of report to Fax No.