

CARDIOVASCULAR ASSOCIATES OF RHODE ISLAND

Today you are scheduled to have an exercise tolerance test also known as a stress test or treadmill test. This test will help your doctor determine the presence and/or severity of several types of heart disease.

Name _____ Date _____

Date of Birth _____ Primary Care Physician: _____

Height _____ Weight _____

Cardiologist: _____

1. Have you ever had chest pains, pressure, tightness, or angina? No _____ Yes _____

a) How often? Rarely ___ Weekly ___ Daily ___

b) Does it occur at rest? No _____ Yes _____

c) What types of activities bring it on? _____

2. Do you get short of breath with exercise? No _____ Yes _____

3. Have you ever had a heart attack? No _____ Yes _____

4. Have you ever had an angioplasty, stent, or open heart surgery? No _____ Yes _____

5. Do you smoke? No _____ Yes _____

a) How many packs per day? _____

b) When did you quit? _____

6. Do you have diabetes? No _____ Yes _____

7. Do you have high blood pressure? No _____ Yes _____

8. Do you have high cholesterol? No _____ Yes _____

9. Does anyone in your family have heart disease? No _____ Yes _____

10. Have you ever been told you have a heart murmur? No _____ Yes _____

11. Do you exercise regularly? No _____ Yes _____

12. If you are a female, is there a possibility of being pregnant? No _____ Yes _____

13. Are you breastfeeding? No _____ Yes _____

14. Do you have any allergies to any medications? No _____ Yes _____

15. What medicines do you currently take? _____

16. Have you had any prior testing with us? No ___ Yes ___

17. **Females Only:** Bra Size _____