BONNYVILLE MEDICAL CLINIC

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Website: bonnyvillemedicalclinic.ca

Stress Test Referral – Dr. Edwards Ndovi

Patient Name: ________________________________

ULI: ____

<patient sticker here>

Referring Physician:

____

Patient Contact Phone #:

____

Indication: ____

Blood Pressure ____/____ Pulse ____________ Weight ____________ Height ____________

If chest pain, specify: *Typical angina* *Atypical angina* *Non-specific*

Coronary risk factors:

YES	NO	
☐	☐	Male > 50 years ☐ Female > 60 years ☐
☐	☐	Family history of heart attack < 60 years
☐	☐	Smoker ☐ current ☐ past/previous ☐
☐	☐	Elevated total cholesterol
☐	☐	Low HDL-C
☐	☐	Hypertension
☐	☐	Obesity
☐	☐	Diabetes
☐	☐	Sedentary lifestyle

Concomitant condition:

YES	NO	
☐	☐	Angina/previous myocardial infarction
☐	☐	Congestive heart failure
☐	☐	Pulmonary disease
☐	☐	Other – explain ____

Medications ____

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