

McLaren Print System Order

Order No: 91855
Order Date: 2025-01-24
User: Deb House
Phone: 989-269-1557

Ship Location: MCLAREN THUMB REGION - DEB HOUSE, MGR
1100 S VAN DYKE RD
BAD AXE, MI 48413

Forms

Quantity: 100
Paragon Dept No: 271
Dept Name: PULMONARY SERVICES_OP
Company Number: 530

Order Total Price: 3.35

Item Number: 045.152
Item Description: Exercise Stress Tech Sheet
Revision Date: 1/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:

McLaren Thumb Region Cardiopulmonary Department
1100 S. Van Dyke • Bad Axe, MI 48413
989-269-4933, Ext4420

Exercise Stress Tech Sheet Tech Initials: _____

Patient:
Gender: Male Female
Date of Exam: _____
Patient ID#: _____
Age: _____
Date of Birth: _____
Ordering Physician: _____ Family Dr: _____
Clinical Indication: _____
Height: _____ inches
Weight: _____ lbs
Allergy to: _____

Previous exam? Yes No
Medications taken today Yes No If yes, was one a **Beta Blocker**? Yes No
Protocol Type: Bruce Modified - Bruce Low Level
Exercise Time: _____ Minutes _____ Seconds
Max Work Load: _____ METS
100% Target HR: _____ BPM
80% Target HR: _____ BPM
Resting HR: _____ BPM
Max HR obtained: _____ BPM Suboptimal HR
% Age Predicted HR: _____ %
Resting BP: _____
Peak BP: _____
BP response: (see Impression #4 for transcription)
Peak RPP: _____ (Max systolic BP ÷ Max HR)
Symptoms: _____
Test stopped due to: _____

Cardiologist to complete from here down

ECG Interpretation:
1. Baseline Electrocardiogram: _____
2. ECG Changes: _____
3. Arrhythmias: Normal Hypertensive Hypo-tensive blood pressure response to exercise
5. Patient's exercise tolerance is: poor average good

Echocardiogram Interpretation:

Stress Test Impression:
1. Negative Positive Indeterminate for Stress induced ischemia
2. Correlate with nuclear findings
3. _____
4. _____
Interpreting Physician: _____

045.152.01-19

Spec Info: