



**NORTH KANSAS CITY OFFICE**  
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**NORTH OAK OFFICE**  
 9411 North Oak Trfwy., Ste. 260  
 Kansas City, MO 64155

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 Kansas City, MO 64158

### Stress Test Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

MR# \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Referring/Ordering Dr. \_\_\_\_\_

Primary Care Dr. \_\_\_\_\_

Why did your doctor order this test? \_\_\_\_\_

Have you had a stress test or echo before?  Yes  No

Is there any chance you may be pregnant?  Yes  No  Not Applicable

**Check the box of all that apply to your medical history**

- History of heart murmur, heart attack, heart valve problem, congestive heart failure, or other heart disease?
- Have had a heart catheterization, coronary stents, or heart surgery?
- Do you have a defibrillator or pacemaker?
- In the past or recently experienced chest pain, chest pressure, or chest burning?
- Have breathing problems or shortness of breath?
- Do you have asthma/COPD/emphysema/wheezing?  Use an inhaler to help breathing?
- History of smoking. If applicable, date that you quit: \_\_\_\_\_  
 Number of cigarettes per day: \_\_\_\_\_ Age started: \_\_\_\_\_
- Have high blood pressure?
- Are being treated for diabetes?
- Have or being treated for high cholesterol or triglycerides? If yes, record your levels \_\_\_\_\_
- History of heart disease in your family? (Parents, brothers, sisters, or children)
- Have you had caffeine in the last 12 hours?
- Have medication allergies: \_\_\_\_\_
- Is there anything that prevents you from walking? \_\_\_\_\_

**Please check your medications:**

- Nitrates for Chest Pain
- Beta Blockers \_\_\_\_\_
- Persantine/Dipyridamole \_\_\_\_\_
- Aggrenox
- Pletal
- Aminophylline/Theophylline Compounds

**Other Medications:**

\_\_\_\_\_  
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