



One Medical Center Drive
 P.O. Box 626
 Biddeford, ME 04005-0626
 (207) 283-7000

Cardiopulmonary Services

Cardiac Stress Test Report

REFERRING PHYSICIAN: _____ PERFORMING PHYSICIAN: _____

INDICATION: _____

RISK FACTORS: HTN _____ CHOL _____ TOB _____ DM _____ FH _____

MEDICATIONS: _____

RESTING ECG: Rate _____ Rhythm _____ PR _____ QRS _____ Axis _____

PROTOCOL: _____

	RATE	BP	S-T SEGMENTS	ARRHYTHMIA	METS	SYMPTOMS	SYMPTOM CODE
Resting							1. Chest Pain
Stage I							3. Moderate Dyspnea
Stage II							4. Severe Dyspnea
Stage III							5. General Fatigue
Stage IV							6. Leg Fatigue
Stage V							7. Claudication
Stage VI							8. Dizziness
Recovery							9. Faintness
1.0 Min							10. Hypotension
3.0 Min							11. Other
5.0 Min							
7.0 Min							

MAXIMUM HEART RATE (MHR): _____ Attained _____ %MHR _____ SPxMHR/100 _____

TARGET HEART RATE 85% = _____

INTERPRETATION:

1. Positive/Borderline Positive/Negative/Non-Diagnostic Symptom Limited ETT for Ischemia.
2. Excellent/Very Good/Good/ Fair/Poor Exercise Capacity for Age and Gender.
3. Inducible Arrhythmias Were/Were Not Seen.
4. Appropriate/Hypertensive/Blunted/Hypotensive Blood Pressure Response to Exercise.
5. Target Heart Rate Was/Was Not Achieved.
6. Symptoms Were/Were Not Reported. These Include: _____
7. See Report Stress Echocardiogram Dictated Separately.