MERITAS HEALTH
Cardiology

NORTH OAK OFFICE
9411 North Oak Trfwy., Ste. 260
Kansas City, MO 64155
816-221-6750 or 800-448-6750

SHOAL CREEK OFFICE
9151 NE 81st Terrace
Kansas City, MO 64158
816-221-6750 or 800-448-6750

Stress Test Questionnaire

Name _____ Date _____

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:

_____
_____
_____
_____
_____
_____