BASELINE TESTS FOR ISCHEMIA
Performed at Time of Diagnosis and/or When Evaluation Was Initiated at the CHSS Participating Institution

Study Number: _____ **Institution Code:** _____

Exercise Stress Test: ☐ Yes ☐ No Date of Test: ☐☐/☐☐/☐☐☐☐(mm/dd/yyyy)

Rest Heart Rate ☐☐☐ beats/min Maximum Heart Rate ☐☐☐ beats/min

Rest SBP/DBP ☐☐☐ / ☐☐☐ mmHg Maximum SBP/DBP ☐☐☐/☐☐☐ mmHg

Sinus Rhythm at Rest ☐ Yes ☐ No If no, describe: _____

Sinus Rhythm with Exercise ☐ Yes ☐ No If no, describe: _____

Symptoms with Exercise ☐ Yes ☐ No If yes, describe below:

☐ Chest pain ☐ Dizziness ☐ Syncope Other: _____

Arrhythmias with Exercise ☐ Yes ☐ No If yes, describe below:

☐ Supraventricular tachycardia

☐ Premature atrial contractions

☐ Isolated ☐ Couplets ☐ Atrial bigeminy

☐ Premature ventricular contractions

☐ Isolated ☐ Couplets ☐ Ventricular bigeminy

☐ Ventricular tachycardia, longest run: _____

☐ Other, Specify _____

ST segment changes with exercise ☐ Yes ☐ No If yes, describe below:

_____

Stress Echocardiogram: ☐ Yes ☐ No Date of test: ☐☐/☐☐/☐☐☐☐(mm/dd/yyyy)

Normal Function (SF≥29%), Rest ☐ Yes ☐ No If no, describe: _____

Normal Response to Exercise ☐ Yes ☐ No If no, describe: _____

Abnormal wall motion, Rest ☐ Yes ☐ No If yes, location:_____

Abnormal wall motion, Exercise ☐ Yes ☐ No If yes, location:_____

Perfusion Scan: ☐ Yes ☐ No Date of Test: ☐☐/☐☐/☐☐☐☐(mm/dd/yyyy)

Perfusion Defect at Rest ☐ Yes ☐No If yes, location:_____

Perfusion Defect with Exercise ☐ Yes ☐ No If yes, location:_____

Ischemia Tests Comments

_____

_____

SBP=Systolic Blood Pressure, DBP=Diastolic Blood Pressure, SF=Shortening fraction