



Cardiovascular Specialists

Stress Testing Indication Questions

PATIENT NAME _____

DATE OF TEST _____

REFERRING DOCTOR _____

Please place a check mark in the box next to the statement that **BEST** describes the reason you are undergoing cardiac stress testing today.

- Pain or discomfort in or around my chest** (786.50)
- Blockage in blood supply to my heart** (414.01)
- I've had an angioplasty or stent put in a heart artery** (414.01)
- I've had bypass surgery on my heart** (V45.81)
- I've had a heart attack (sometimes called an MI)** (410.XX)
- I'm short of breath or have trouble breathing** (786.05)
- I've been diagnosed with congestive heart failure- CHF** (V45.81)
- I have weak heart muscle or poor heart function** (425.4)
- I have premature beats or an irregular heart rhythm** (427.69)
- I need my heart checked before I have surgery** (V72.81)