Hôpital Régional de Pembroke Regional Hospital

Fax Request to
Diagnostic Imaging
Tower B – Ground Floor
T: 613-732-2811 ext. 6612
F: 613-732-6349

Patient Name:

Date of Birth:

Phone Number:

Health Card #:

TREADMILL STRESS TEST REQUISITION

Reason for Test: _____

_____

_____

☐ Prior MI – Date: Location: ☐ Anterior ☐ Inferior ☐ Posterior

☐ CHF ☐ Hypertension ☐ Dysrhythmias: _____

☐ Previous cardiac testing procedures: _____

☐ Other History: ☐ Asthma ☐ COPD ☐ Diabetes ☐ Other: _____

Medications: ☐ Nitrates ☐ Beta-Blocker ☐ Calcium Channel-Blocker ☐ ASA
☐ Digoxin ☐Anti-Arrhythmic ☐ ACE-Inhibitor ☐ Diuretic
☐ Baseline ECG (please include with referral)
☐ Other: _____

Known Allergies: _____

Please check off the requested appointment

☐ Treadmill Stress Test

Referral Information	
Date Sent:	Physician OHIP Billing #:
Referring Physician (Print name):	
Physician Signature:	
Office Tel #:	Office Fax #:

*** Please Note: Incomplete referrals will NOT be processed and will be returned. ***

Hôpital Régional de Pembroke Regional Hospital

Appendix A: Chest Pain Assessment Algorithm

STABLE SYMPTOMS
Assess pre-test likelihood CAD

Prevalence of CAD % in Symptomatic Patients According to Age and Sex

	Typical Angina		Atypical Angina		Non-anginal Chest Pain	
Age	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
30-39	69.7	25.8	21.8	4.2	5.2	0.8
40-49	87.3	55.2	46.1	13.3	14.1	2.8
50-59	92.0	79.4	58.9	32.4	21.5	8.4
60-69	94.3	90.6	90.6	54.6	28.1	18.6
	3 of 3 criteria		2 of 3 criteria		1 of 3 criteria	

1) Retrosternal discomfort 2) Provoked by exercise or stress 3) Relieved by rest or NTG

Low likelihood
CAD <10% risk
Consider no test

Intermediate likelihood
CAD 10-90% risk

High risk
CAD >90% risk – Consider no test

Consider non-invasive assessment to determine severity and extent of CAD or cardiac catheterization based on severity of symptoms.

Patient **able** to exercise

Patient **unable** to exercise

ECG **normal**

ECG **abnormal**

Exercise stress test

Exercise myocardial perfusion scan*

Persantine myocardial perfusion scan**

*Avoid in women of child-bearing years **Persantine may be contra-indicated in asthma

***For Persantine Myocardial Perfusion Scans: Please submit order directly to the Nuclear Medicine department**

Reference: Ottawa Cardiovascular Centre (n.d.). *OCC Ottawa Referral Form.* Retrieved May 2025: https://www.ottawacvcentre.com/referral.