Exercise Testing Risk Factor Assessment

SEATTLE PERFORMANCE MEDICINE

Name: _____

Date: _____

For Patient to Complete

Age: _____

Y	N	
☐	☐	Have you suffered a heart attack or stroke in the past?
☐	☐	Have you been diagnosed with an irregular heart rhythm?
☐	☐	Do you smoke?
☐	☐	Do you have a history of high blood pressure or are you currently taking medication for high blood pressure?
☐	☐	Do you have diabetes?
☐	☐	Do you have a family history of premature heart disease in a first degree relative (male <55 years; female <65 years)?
☐	☐	Do you have history of high cholesterol?
☐	☐	Males: Are you over 45? Females: Are you over 55?
☐	☐	Do you experience chest discomfort while exercising?
☐	☐	Do you experience chest discomfort while at rest?

Date of last EKG: _____ Results? _____ (normal / abnormal)

Date of last Stress Test / Heart Scan (circle): _____ Results? _____

For Staff to Complete

Number of Risk Factors: _____

Blood Pressure: _____

Heart Rate: _____

_____

Staff Signature

_____

Physician Signature

Comments: