



EXERCISE TREADMILL TEST (ETT) REFERRAL FORM

201-1260 Baltzan Blvd, Saskatoon, SK S7W 1E8

Phone: 306-518-9081 Fax: 306-518-9080

1. PATIENT INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____

Health Services Number: _____

Address: _____

Phone (Home): _____ Cell: _____

Preferred Contact Method: _____

2. INDICATION FOR TEST

3. CLINICAL INFORMATION

Relevant History:

Medications:

Risk Factors:

Special Considerations:

4. REFERRING PROVIDER

Provider Name: _____

Clinic: _____

Phone: _____ Fax: _____

Signature: _____ Date: ____ / ____ / ____