



### **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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_