



ECHO Questionnaire

Thank you for referring your patient to the University of Michigan Health System's Cardiovascular Center for a stress test (this includes echo, dobutamine, routine stress test and bike stress tests). Stress testing has been proven to be safe, but not risk-free. We take extra precautions when a patient has a higher risk for complications from stress testing.

To help us determine this risk, please answer the following questions about your patient:

Patient Name: _____

Date of Birth: _____

If a stress test is indicated please specify type: Dobutamine Treadmill Bike

Does the patient's medical history include:	YES	NO
1. NYHA Class IV Heart Failure		
2. Severe asymptomatic aortic stenosis		
3. Moderate or severe aortic stenosis with symptoms of unclear etiology		
4. Unstable ventricular tachycardia		
5. Sudden death, syncope, or ICD shock within past 6 months		
6. Severe pulmonary hypertension		
7. Hypertrophic cardiomyopathy		
8. Are there signs and/or symptoms not listed above which you consider high risk? If Yes please specify: _____		

If you answer YES to any of the questions, your patient may need to be seen in consultation with one of our cardiologists prior to having the stress test. Our schedulers will assist in scheduling that appointment.

Please fax this form to UMHS Frankel Cardiovascular Center (CVC)

Fax: 734-647-9449

Telephone: 734-936-5630