

Fellows Exercise Form

Name: _____

MRN: _____ Ordered By: _____

Date: _____ Fellow: _____

Reason for Test: _____

Relevant History: _____

Meds: (affecting heart rate/myopathic?): _____

Date	Hgb =	Hct =	WBC =
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Date	Na =	Cl =	BUN =
	K =	CO2 =	Creat =

Date	ALT/SGPT =	Total Bili =	Direct Bili =
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Misc labs (autoimmune workup?) _____

Chest radiograph findings: _____

CT findings: _____

Past ECG significant findings: _____

Echocardiogram (include PAP's): _____

Rest BP: ____/____ Peak BP: ____/____ Borg (Dyspnea/Fatigue): ____/____

Reason for stopping exercise: _____