Treadmill Stress Test

Hospital/Clinic's Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxx
Address: xxxxxxxxxxxxxxxxxxxxxxxxx
Hotline: xxxxxxxxxxxxxxxxxxx
Website: xxxxxxxxxxxxxxxxxxxxx

Patient's Full Name: Vincent R. Karst
Patient's Date of Birth: xxxxxxxxxxxxxxxxxxx
Age: 31
Gender: ☑ Male ☐ Female ☐ Non-binary
Patient ID: 123456787654
Contact Number: xxxxxxxxxxxxxxxxxxx
Email Address: xxxxxxxxxxxxxx@xxxxxxx.com

Patient's Medical History
He is asthmatic and slightly overweight. Has had no major problems other than seasonal asthma attacks and high blood pressure.

PATIENT AT REST
Blood Pressure: 120/80 mmHg
Heart Rate: 100 bpm
ECG: The ECG shows a consistent and even heart rhythm.
PATIENT AFTER THE TEST
Blood Pressure: 160/110 mmHg
Heart Rate: 148 bpm
ECG: No significant changes were detected.

ADDITIONAL NOTES/OBSERVATIONS

Date of Test: xxxxxxxxxxxxxxxx
Time of Test: xxxxxxxxxxx
Attending Physician's Name: Trent Z. Fisher
Attending Physician's Contact Number: xxxxxxxxxxxxxxxx
Attending Physician's Email Address: xxxxxxxxxxxxxxx
Attending Technician's Name: Vernon O. Astria
Date results were released: xxxxxxxxxxxxxxxxx
Attending Physician's Signature: