

True Health Center
Medical Clearance Form - Refer Out
V02 Testing / Weight Loss Program
FORM 4b

TO: Doctor / Healthcare Provider
 CONCERN: Patient: Requires a Physician's Clearance Form for V02 (Exercise) Testing

- Recently your patient requested V02 Max testing at our Center. Gold Standard Test for Cardiorespiratory Fitness
 - V02 testing is an exercise test measuring ventilation, oxygen, and carbon dioxide concentration of both inhaled and exhaled air. It is a global health and fitness test, evaluating cardiorespiratory system and the muscular system. It measures the efficiency of one's ability to use oxygen
 - The Patient wears a mask with a hose attached to the gas analyzer, and begins exercising on a treadmill or recumbent bike with a gradual but steady increased until one reaches their Max Heart-Rate, which is determined by subtracting their age from 220. The Standard test is between 10 - 15 minutes, with exceptions, such as athletes.
 - As we evaluate the Patient's condition we may reduce his test to a Sub-maximal V02, which may only reach 50-70% of max heart rate, or even stop the test if the patient shows early signs of poor CRF.
 - The patient filled out a health questionnaire at our Center. The Patient indicated the following health risks:

- The Patient's testing will take place at our Center, and will be administered by qualified trained personnel in conducting exercise testing. The Physician or Healthcare provider providing the Medical Clearance form is not assuming any responsibility for our administration of the Testing

- PHYSICIANS REPORT (Medical Clearance Decision)
 - The applicant can participate in testing
 - The applicant can participate in testing with the following recommendations:
 - Cautions / Restrictions : _____
 - I recommend Standard V02 Testing () I recommend the reduced Submaximal Vo2 Test
 - I recommend the applicant NOT participate in testing

 Physician's Signature

 Date

PLEASE FAX FORM TO : 505-715-5537
 True You Health Center (Westside Family Acupuncture)
 5115 Coors Blvd. NW Suite E 505-897-6560
 MEDICAL RECORDS RELEASE AUTHORIZATION

I hereby give permission to release any requested medical records to True You Health Center (Westside Family Acupuncture).

 Patient's / Client's Signature

 Printed Name

 Date

True Health Center
Medical Clearance Review (In Office Doctors)
V02 Testing / Weight Loss Program
FORM 4a

First:	Age:	Sex:	Dr.	Ht:	Date:
Last:	BP:	O2:	HR:	Wt:	Chart#

REASONS TO NOT PERFORM V02 TESTING OR EXERCISE TESTING

HIGH RISKS - MUST BE EXCLUDED FROM TESTING
 Referred out for Medical Clearance

- High Blood Pressure NOT under Control
- Recent Cardiovascular Events (1 yr)
 - Heart Attack
 - Stroke
 - Unstable Angina
 - Diagnosed with Chronic Heart Failure
- Uncontrolled Heart Arrhythmias
- A Negative Recent EKG
- Recent Myocarditis / Pericarditis
- Aneurysm Aortic or Other

Relative Risk

- Cardiac Stenosis and/or Stents inserted Coronary Arteries
- Electrolyte Abnormalities (Hypokalemia / Hypomagnesemia
- Severe Atrial Hypertension (i.e., Systolic BP.200mm Hg and/or a diastolic BP> 110) at rest.
- Tachyarrhythmias or Bradyarrhythmias
- Neuromuscular, musculoskeletal, or rheumatoid disorders that are exacerbated by exercise
- Uncontrolled Metabolic Disease (e.g. Diabetes)
- Chronic Infectious Diseases (e.g. Mononucleosis, Hepatitis, Aids)

(ACSM's Guidelines for Exercise Testing and Prescription)

REASONS TO STOP V02 TESTING

- Impaired breathing (Unable to speak)
- Development (often suddenly) of a very rapid respiratory rate, in disproportion to the increase in heart rate, mostly observed on a high exercise load (taken as a sign of having reached the subject's peak exercise capacity).
- Development of prolonged audible and obviously asthmatic type of breathing (for safety reasons)
- Lower limb fatigue was said to be present if the test leader observed marked difficulties in further pedaling and/or if a test subject claimed that he was unable to pedal further because of lower limb tiredness (none had coordination difficulties in pedaling)
- Exhaustion was said to be present if a subject had developed both impaired breathing and lower limb fatigue, when the test had to be stopped
- Angina Pectoris : Retro-sternal chest pain [with or without radiation to the arm(s), jaw, back, or upper abdomen] developing during the test, increasing gradually as the test continued and eventually forcing the test subject to stop exercising. A necessary pre-requisite was also that the pain gradually vanished within a few minutes of test termination.
- Sudden and concerning Sweating beyond the expected norm of workload.
- Other: _____

Concerns /Notes: _____

- I DO NOT recommend testing this patient. He will be referred to his provider with a clearance form
- I DO recommend this patient for V02 Testing () Recommend Standard V02 Max Test () Recommend Submaximal Testing

Patient's Printed Name

Signature

Provider's Printed Name

Provider's Signature

() Form Completed by: _____

() Dr. Lee () Dr. Finnegan () Dr. Dumont