

THE HEART CARE GROUP, P.C.

EXERCISE STRESS TEST

NAME: _____

DATE: (____) _____ TIME: _____ () A.M. () P.M.

You are scheduled for an Exercise Stress Test on a treadmill. This test will be performed at:

(____) 1249 South Cedar Crest Blvd., Suite 100, Allentown, PA. 18103 (610) 770-2200

(____) 858 Interchange Road, Lehighton, PA 18235 (610) 377-9303

(____) 1504 Rte. 61 Rockwood Center, Pottsville, PA 17901

THIS TEST WILL TAKE APPROXIMATELY 1 HOUR

SPECIFIC INSTRUCTIONS FOR YOUR TEST INCLUDE THE FOLLOWING:

1. **MEALS:**
 - A. Eat a light meal prior to arriving at the office
★ Cereal, toast, fruit, etc.
★ Milk, juice and water are okay anytime prior to the test
 - B. **No caffeine decaf, chocolate or caffeinated carbonated beverages 24 hours prior to the test!** This includes coffee and tea (regular or decaf), soft drinks such as colas or Mountain Dew, chocolate, cocoa and over the counter medications containing caffeine. (Anacin, Excedrin).
2. **SMOKING:** Nicotine raises the blood pressure and the heart rate. **DO NOT SMOKE** for at least 2 hours prior to the test.
3. **ATTIRE:** Wear loose fitting, lightweight clothing, short sleeve shirt if possible. Women should wear slacks or shorts. Sneakers or comfortable walking shoes. Please do not wear high heels or pantyhose. Gowns will be provided. You may change clothes here.
4. **MEDICATIONS:** Please bring a list of all current medications and doses you are currently taking. Continue to take all of your medications unless otherwise instructed by your physician.
5. **INSULIN:** Take ½ dose of insulin; please eat a light, low fat breakfast.
If you use an insulin pump – no special instructions.
Oral Diabetes medications – take as usual.
6. **INHALERS:** May continue to use Serevent and Albuterol inhalers and/or steroid inhalers. **Bring your inhaler.**
7. **SKIN:** When showering/bathing on the day of the stress test, **DO NOT** use any body lotions, powders or oils on chest area as this interferes with the skin preparation. **Underarm deodorant is permitted.**
8. **INSURANCE:** If your insurance requires precertification, please let us know so we can obtain the necessary clearance for you to have this test done. **If you have an insurance that requires a referral form for this test, (such as HMO) it is YOUR responsibility to obtain this referral form prior to the test from your primary care physician.**
9. **QUESTIONS OR CANCELLATIONS:** If you need to cancel this appointment, it is extremely important to notify this us at least 24 hours prior to this appointment.

If patient requires special assistance, or has a language barrier, please have a family member or friend over 18 years of age accompany and stay with the patient for the entire duration of the test.

PURPOSE OF THE TEST:

This test will enable your physician to evaluate the function of your heart while you exercise.

1. When you arrive in our office, please register with the receptionist. Bring your insurance card; we will verify your coverage and update our files. If your primary care physician referred you, please bring your prescription for your test. If a referral form was necessary from your primary care physician, please give this to the receptionist. You may also be asked to complete a patient information form and a history and physical form.
2. A diagnostic staff member will escort you to the testing area. Your medical history will be reviewed.
3. You will be brought into a stress test room where a diagnostic staff member will place electrodes on your chest to monitor your heart rate and rhythm before, during and after you exercise on the treadmill.
4. As you walk on the treadmill, the grade and/or speed will increase every 2 to 3 minutes. You should tell the diagnostic staff members about pain, shortness of breath, fatigue or any problems during this time. After you are done exercising, your heart rate and blood pressure are monitored as they return to pre-test levels.
5. You are now ready to check out with our receptionist. If another appointment is necessary, it will be scheduled at this time.

Follow-up Appointment for results: (_____) _____ Time: _____