

# MILTON MEDICAL CENTRE

## PATIENT INFORMATION FOR STRESS TESTING

Heart disease is a major cause of mortality and is the most common cause of sudden death in Australia.

At Milton Medical Centre you will be assessed for your risk of heart disease. This may be indicated if you are suffering from symptoms that may suggest heart disease. Such symptoms may include chest pain, tightness or burning, breathlessness or palpitations. It may also be indicated if you have significant risk factors for heart disease. These may include family history, high cholesterol, smoking, high blood pressure, obesity and diabetes. You will have a physical examination.

An Electrocardiograph (ECG) will be performed which is a medical device. That measures the electrical activity of the heart. A Cardiac Exercise Test will then be performed, which involves walking on a treadmill whilst still connected to the ECG.

On the basis of the above assessment you will be advised as to your current heart health status. You may be given advice on management of any risk factors, you may also require further testing.

On the day of the test:

- Eat normally until 2 hours prior to the test then consume water only until the completion of the test.
- Please wear comfortable clothing as you will be exercising, shorts or tracksuits are appropriate with a loose blouse or a button through shirt.
- Please wear appropriate covered in footwear. Joggers or flat walking shoes are ideal.
- Bring a towel as you often perspire throughout the test.
- Bring a list of your current medications, and continue taking your medications unless otherwise advised.

## CARDIAC STRESS TEST

T-Med P/L ABN No. 23 068 062 117

This practice prefers to send and receive reports using ARGUS encrypted email.

Cardiac Stress Testing is a non-invasive procedure. It involves having your heart monitored in response to exercise. The exercise will increase gradually in intensity. This enables the Doctor to detect for possible signs of Coronary Artery Disease.

If you agree to undergo the testing procedure please sign the consent form below.

If there is anything that you do not understand then please ask the attending Doctor

I have read the above information and consent to a Cardiac Stress Test

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_