



Exercise Stress Echo

NJ Heart
520 N. Wood Ave, 2nd Fl
Linden, NJ 07036
908-587-9300

Test Date: _____

Test Time: _____

Stress Echo tests are used to determine how well your heart tolerates activity; evaluate the function of your heart and valves; your likelihood of having coronary disease (blocked arteries) and to evaluate the effectiveness of your cardiac treatment plan.

A stress echo consists of the following steps:

1. The sonographer will perform an echocardiogram to obtain the first set of images to see the outline of the heart's movement at rest.
2. Then an EKG will be performed to measure your heart rate and blood pressure.
3. Next you will begin to exercise on the treadmill to accelerate your heart rate by gradually increasing speed.
4. Finally when you have achieved your target heart rate, the machine will be stopped and immediately you will be returned to the exam table so that the sonographer can perform another set of images to see changes in the final stage of your test.

Preparing for the test:

- ✓ Please be prompt for your appointment, if you are more than 15 minutes late, you may be rescheduled. **Please call if you are running late.**
- ✓ **Do not eat or drink anything 3 hours** prior to the test. Diabetics should eat something real light.
 - ✓ Wear comfortable clothing and shoes suitable for exercise.
- ✓ Do not drink any alcohol or beverages containing caffeine (ie: coffee, chocolate, soda, tea), this includes decaffeinated beverages
 - ✓ Do not apply lotion or powder on your body after you shower
 - ✓ Deodorant is permitted
- ✓ **Do not** take the following heart medications on the day of your test unless instructed otherwise by the physician:

Beta Blockers

~Example~ Atenolol (tenormin), Metoprolol (lopressor or toprol), Propranolol (inalder)

Isosorbide Dinitrate

~Example~ Isordil, Soritrate

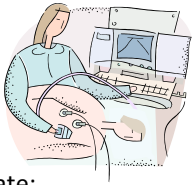
Isosorbide Mononitrate

~Example~ Ismo, Indur, Monoket

Nitroglycerine

~Example~ Deponit, Nitorstat, Nitropatches





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Acknowledgement of policy and procedure:

Here at NJ Heart when performing your stress echo, our patient's best interest is our main concern and all our efforts will be made to assure your safety. During the performance of the stress echo test, you will be observed closely at all times to monitor and measure oxygen intake, changes in your EKG, your pulse and blood pressure.

While testing, if at any time you should feel any symptoms such as: chest, arm or jaw pain, discomfort, shortness of breath, dizziness, light-headed, cramping, stiffness or tightness, or any other unusual symptoms, please inform the technician immediately so that the test can be brought to a stop. Should there be an emergency, we have very highly trained personnel, technicians along with the physician on site and proper medical equipment to handle an unusual situation such as fainting, irregular heart beat (too slow or too fast) or very rare instances of a heart attack.

The information obtained will be treated as privileged and confidential and will not be released or revealed to anyone without your written consent.

The information obtained however, may be used for a statistical or scientific purposes with your right of privacy retained.

By signing this consent form, you acknowledge that you have been provided with information regarding the rules and regulations of the test being performed and have fully read and understood the instructions. You also acknowledge the risks and benefits of the test and give consent to be tested.

Patient Name (Print): _____

Signature: _____

Legal Guardian (if required): _____

Physician Signature: _____

Technician: _____

Account #: _____

Date: _____

