

Medication Stop List and Instructions
STOP TWO (2) FULL DAYS PRIOR TO YOUR TEST:

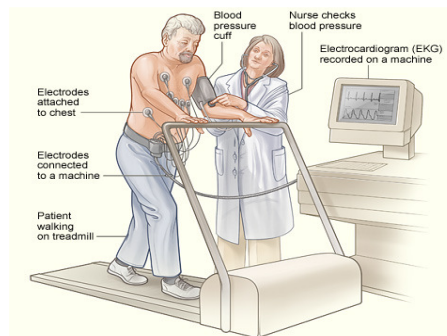
Alprenolol	(Aptin)	Atenolol	(Tenormin, Noten)
Oxprenolol	(Corbeton, Trasicor)	Pindolol	(Barbloc, Viskan)
Sotalol	(Sotacor)	Propranolol	(Deralin, Inderal, Cardinol)
Timolol	(Blocadren)	Metoprolol	(Succinate, Tartrate, Betaloc, Lopressor, Minax ,Toprol)
Carvedilal	(Dilatrend, Kredex)	Bisoprolol	(Bicor)

STOP ONE (1) FULL DAY PRIOR TO YOUR TEST:

Verapamil	(Isoptin, Veradil, Anpec, Cordilox, Tarka Veracaps SR)
Diliazem	(Cardizem, Cardizem CD)
Nitrates	(Transiderm, Nitro patches, Nitro-dur, Imdur, Isordil)

Exercise Stress Test - Information and Patient Consent

- Before the test begins and Electrocardiogram (ECG) is taken. This is a recording of your heartbeat.
- Your heart will then be exercised (stressed) through walking on a specialised treadmill with graded gradients and speed. The speed and incline of the treadmill will increase every 3 minutes increasing the workload on the heart.
- Measurements of heart rate, blood pressure, oxygen saturation and electrocardiographs will be taken during the test.


I acknowledge that my General Practitioner or Consultant has explained:

- the proposed investigation including additional treatment if the doctor should find something unexpected. I understand the risks including those specific to me.
- other relevant procedure options and their associated risks.
- that there is no guarantee that this procedure will improve my condition
- if immediate life threatening events occur during the procedure they will be treated in accordance with my discussions with the doctor
- a doctor other than my Consultant may undertake this procedure
- I have the right to change my mind at any time, including after I have signed this form
- I understand that images, video footage or electronic tracing may be recorded as part of this procedure to assist the doctor in reporting results, however once reporting is complete the images, footage or trace may be securely destroyed
- I have read and understand the Patient Instructions and Exercise Stress Test Information and consent to undertake this procedure

Patient Name:
Patient Date of Birth:
Patient Signature:
Date:
Consultation Notes and Dr Signature: _____

Please list medications, dosage and time taken on the reverse of this sheet
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Providing onsite Echocardiography, Exercise Stress Testing and Holter Monitoring with no out of pocket expense