Morristown Medical Center
ATLANTIC HEALTH SYSTEM

CARDIAC IMAGING AT FLORHAM PARK
10 JAMES STREET, FLORHAM PARK, NJ

☐ Nuclear Stress Test

Name: _____ Date: _____

Age/Sex: _____ DOB: _____ Phone # _____

Height: _____ Weight: _____ Log # _____ Tech: _____

Primary Physician: _____ Cardiologist: _____

Clinical Diagnosis with ICD9 Codes: _____

Medications: _____

_____

Meds taken today: yes / no Allergies: _____

Present Complaint/Onset of Symptoms: _____

Exercise Test Protocol: _____

PATIENT HISTORY:

☐ Previous Stress Test
☐ Post CABG
☐ Post MI
☐ PTCA/Stent
☐ Pregnant
☐ Hypertension
☐ Lipid Abnormality
☐ Diabetes
☐ Asthma, COPD
☐ Mastectomy
☐ Pertinent Family History
☐ Exercise: Low / Mod / High
☐ Tobacco Use
☐ Bra size _____

Morristown
Medical Center
ATLANTIC HEALTH SYSTEM

CARDIAC IMAGING AT FLORHAM PARK
10 JAMES STREET, FLORHAM PARK, NJ

☐ Pharmacologic Stress Test

Name: _____ Date: _____

Age/Sex: _____ DOB: _____ Phone: _____

Height: _____ Weight: _____ Log # _____ Tech: _____

Primary Physician: _____ Cardiologist: _____

Clinical Diagnosis with ICD9 Codes: _____

Medications: _____

_____

_____

Meds taken today: yes / no Allergies: _____

Present Complaint/Onset of Symptoms: _____

Exercise Test Protocol: _____

PATIENT HISTORY:

☐ Previous Stress Test
☐ Post CABG
☐ Post MI
☐ PTCA/Stent
☐ Pregnant
☐ Gallbladder disease / surgery
☐ Hypertension
☐ Lipid Abnormality
☐ Diabetes
☐ Asthma, COPD
☐ Mastectomy
☐ Bra size _____
☐ Pertinent Family History
☐ Exercise: Low / Mod / High
☐ Tobacco Use
☐ Previous theophylline treatment

Morristown Medical Center
ATLANTIC HEALTH SYSTEM

STRESS TEST
FAST 4 HOURS PRIOR TO TEST
WEAR COMFORTABLE CLOTHING, SNEAKERS, **SHORT SLEEVE SHIRT**
NO CAFFEINE

CARDIAC IMAGING AT FLORHAM PARK
10 JAMES STREET, FLORHAM PARK, NJ

Exercise Stress Test

Name: _____ **Date:** _____

Age/Sex: _____ **DOB:** _____ **Phone #** _____

Height: _____ **Weight:** _____ **Log #** _____ **Tech:** _____

Primary Physician: _____ **Cardiologist:** _____

Clinical Diagnosis with ICD9 Codes: _____

Medications: _____

_____

Meds taken today: yes / no **Allergies:** _____

Present Complaint/Onset of Symptoms: _____

Exercise Test Protocol: _____ **Tape:** _____

PATIENT HISTORY:

- ☐ Previous Stress Test
- ☐ Post CABG
- ☐ Post MI
- ☐ PTCA/Stent
- ☐ Pregnant
- ☐ Hypertension
- ☐ Lipid Abnormality
- ☐ Diabetes
- ☐ Asthma, COPD
- ☐ Mastectomy
- ☐ Pertinent Family History
- ☐ Exercise: Low / Mod / High
- ☐ Tobacco Use
- ☐ Bra size _____

ESSEX CARDIOLOGY GROUP, P.C.

"Preventive and Comprehensive Cardiac Care"

*Diplomates in The American Board of Internal Medicine
†Diplomates in The American Board of Cardiovascular Disease

Lawrence Fabrizio, D.O.† Stephen M. Levy, M.D. Sargis A. Khoobiar, M.D.*†

ESSEX CARDIOLOGY GROUP, PC INFORMATION PERTINENT FOR MUGA SCAN:

Patient: _____

Appointment date & time: _____

Please report to: ESSEX CARDIOLOGY GROUP, P.C.
10 JAMES STREET, SUITE 130
FLORHAM PARK, NJ 07932

973-736-9557

The enclosed sheets are to be filled out in full and brought with you the day of the test. Please make sure that if you need a referral for this test, it is very important that you bring one or else you will not be covered for the test. If your PCP or another specialist ordered this test, please make sure that you bring an Rx, (pre-certification, and referral if needed). If any of these items are missing the day of your test, you will be responsible for calling your PCP or ordering MD for the above mentioned information so that this test is performed. If any of the following information is not presented, the test will not be covered and it will be your responsibility for full payment for this test.

The day of your test:

*You may eat/drink/take all your medications prior to test
*Wear loose fitting clothes
*You will receive two injections. Neither injection is a medicine or a dye. You will not have a reaction. The first injection prepares your red blood cells for the test. The second injection is a radioactive material. You will be monitored with a three lead EKG. Three images will be taken of your heart. The entire procedure will take approximately 1 hr to 1 ½ hr.

If for any reason you cancel your appointment, you must call our office **24** hours in advance or you will be held responsible for the cost of the radioisotopes (cost is $75.00). These isotopes are a prescription and cannot be used for anyone else.

Thank you for your anticipated cooperation.

ICAEL
Accredited Echocardiography Laboratory

Essex Cardiology Group, P.C.
NUCLEAR STRESS TESTING

Medical History Questionnaire

PATIENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ AGE: _____ SS#: _____

HEIGHT: _____ WEIGHT: _____

PHONE NUMBER: _____

NAME/ADDRESS/PHONE NUMBER OF PRIMARY MD: _____

_____

_____

_____

*** FEMALE PATIENTS ONLY:** DO YOU HAVE BREST IMPLANTS? YES / NO

ARE YOU PREGNANT? YES / NO

WHEN WAS YOUR LAST MENSTRATION? _____

FOR ALL PATIENTS:

PLEASE LIST ALL ALLERGIES: _____

DO YOU SMOKE? YES / NO IF YES, HOW MANY CIGARETTES DO YOU

SMOKE PER DAY? _____ DID YOU EVER SMOKE? YES / NO

IF YES, HOW LONG? _____ WHEN DID YOU QUIT? _____

DO YOU EXERCISE? YES / NO HOW MANY TIMES PER WEEK? _____

WHAT TYPE OF EXERCISE? _____

ARE YOU TAKING MEDICATION? YES / NO

PLEASE LIST YOUR MEDICATIONS: _____

_____

PLEASE ANSWER THE FOLLOWING:

Do you currently get chest pain or discomfort?	Yes	No
Pain or discomfort in the arm, shoulder, neck, or jaw?	Yes	No
Do you have a heart murmur?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have diabetes?	Yes	No
Do you have high cholesterol or high triglyceride levels?	Yes	No
Do you have relatives with heart disease?	Yes	No
Have you ever had a heart attack?	Yes	No
Do you have rheumatic fever?	Yes	No
Have you had a previous stress test?	Yes	No
Have you had a coronary angio or cardiac catheterization?	Yes	No
Have you had heart surgery, such as bypass or valve replacement? Date:	Yes	No
Do you have a Pacemaker?	Yes	No
Have you had an angioplasty/stent? Date:	Yes	No
DO YOU EVER EXPERIENCE THE FOLLOWING:		
Breathlessness while walking?	Yes	No
Fatigue while walking?	Yes	No
Leg pain while walking?	Yes	No
Dizziness or lightheadedness?	Yes	No
Fainting and/or nausea?	Yes	No
Palpitations or awareness of heart beat?	Yes	No