



NUCLEAR MEDICINE

CARDIAC STRESS TEST

.....
(Patients Name)

on the at
(Day of week) (Date) (Time)

50 Wharf Street, Tweed Heads

- Exercise stress test
- Adenosine stress test
- Dobutamine stress test (Asthmatics)

INFORMATION ABOUT YOUR STRESS TEST

Your doctor has requested this test to help assess the blood flow to your heart at both rest and at exercise. This is useful in diagnosing coronary heart disease.

On arrival you will receive an injection of a radioactive isotope through a cannula that will be inserted into a vein. The cannula will remain there until the test is completed. The amount of radioactive isotope given is very small and safe. You will be having two different scans performed during the day in which pictures of the heart are taken. These will occur before and after your stress test.

The Stress Test part of this examination can either be an Exercise or Pharmacological Test. Our doctor will determine which test is best suited for you.

The Exercise Stress Test is conducted on a treadmill, while the Pharmacological Test uses different medications to stress the heart. You will be monitored throughout the test by a doctor.

PLEASE EXPECT TO BE IN THE CLINIC FOR AT LEAST 3 HRS, POSSIBLY LONGER.

There are waiting periods between different stages of this test, please feel free to bring a book, magazine, iPad, etc. to help keep you entertained during these times.

If you are pregnant or breastfeeding please contact us immediately.

Attached are some preparation instructions and a medical history questionnaire for you to fill out and bring with you on the day of your test. Please call us on (07) 5536 3688 if you have any further questions.



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WHAT YOU NEED TO DO FOR THIS TEST

1. **PLEASE ABSTAIN FROM ALL CAFFEINE PRODUCTS for 24 hours prior to your test!**
This is **very important** and means excluding all of the following:

- TEA
- COFFEE
- DECAF COFFEE & TEA
- HERBAL TEAS
- COLA DRINKS
- COCOA
- CHOCOLATE & MILO
- MEDICATIONS CONTAINING THEOPHYLINE

If you have any of the above within the 24 hours prior to the test please contact us as your test will have to be re-booked.

2. Please bring your Medicare Card.
3. If you are **NOT a Diabetic** you are required to **fast (from food) from Midnight** the night before the test, however **continue to drink water.**
4. If you **ARE a Diabetic** please follow these instructions:
 - Diet / oral medication controlled - **Light breakfast by 6.30am then fast. If you are on diabetic medication take ½ your normal morning dose with your light breakfast.**
 - **Insulin Dependant** - ½ your normal morning dose of Insulin with a light breakfast by 6.30am then fast.

Please inform the Technologist or Doctor if there is a history of hypoglycaemic attacks.

Bring any portable BGL monitoring equipment you may have.

5. **Medications:** Please contact your referring doctor to discuss if any of your medications should be ceased prior to your test. Your doctor may require you to stop taking some of your medications. Your referring doctor is the only one who can advise you about ceasing any medications. Otherwise you can take your medications as normal with a sip of water. **Asthmatics** please bring any medications or inhalers with you.
6. **Questionnaire Form:** Please complete the attached questionnaire sheet prior to your appointment and bring it with you on the day.
7. Please ensure there are no metal buttons or jewellery around your torso. For exercise test please bring suitable/comfortable clothing for exercising, e.g. shorts, T-shirts, running or flat shoes.
8. Please call and notify the Advanced Radiology Clinics at least 24 hours prior to your appointment if you are unable to attend. **Cancellations on the day of your appointment will incur a fee of \$163 to cover the cost of the unused dose. This includes those who do not follow the preparation instructions. (e.g. No caffeine)**
9. Due to the length of this procedure and the small size of the Nuclear Medicine procedure/waiting rooms we ask that if you require moral support, a maximum of one family member/friend accompany you during your visit if possible.



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Myocardial Perfusion Study Questionnaire

1. Have you ever had this study done before? If YES, when and where?

2. Do you have any past history of the following conditions?

- a. Rheumatic Fever or valvular heart disease... Yes No
- b. Anaemia, especially recently..... Yes No
- c. Thrombosis..... Yes No
- d. Blood Pressure..... Yes No
- e. Heart eg. Chest Pain or Palpitations..... Yes No
- f. Lungs eg. Asthma or Bronchitis..... Yes No
- g. Hepatitis or Jaundice..... Yes No
- h. Kidney disorders..... Yes No
- i. Diabetes..... Yes No
- j. Epilepsy..... Yes No
- k. Other..... Yes No
- l. Do you have M.R.S.A. Yes No

Please give details if you have answered YES to any of the above

3. Have you recently experienced chest pain?

4. Do you have known heart disease? _____

5. Do you have family history of heart disease? _____

6. Have you had previous cardiac surgery or intervention (eg. stents)? _____

7. Do you have disabilities or problems with mobility?

8. Are you scheduled for surgery?

9. Do you have any allergies?

Name: _____

DOB: _____

10. Are you taking any medications? Yes No

If YES, please list the medications you take regularly.

Medications	Dose	Taken how often?	Taken today?

11. Do you take aspirin? Yes No

12. Do you smoke? Yes No

How many per day? _____

13. Do you drink alcohol? Yes No

Daily consumption: _____

14. Do you have breast implants? Yes No N/A

15. Have you had a mastectomy? Yes No N/A

16. In the case of an emergency what hospital would you choose to go to?

17. Emergency contact person?

Name: _____

Phone Number: _____

ALL WOMEN BETWEEN THE AGES OF 12 AND 55 PLEASE SIGN THE PREGNANCY DECLARATION:

I declare that I am not pregnant or breastfeeding.

Signed..... Dated.....

If there is any chance you may be pregnant please contact Advanced Radiology on (07) 5536 3688



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REMINDER FOR THE FRIDGE

Nuclear Medicine Cardiac Stress Test on:

..... the at

50 Wharf Street, Tweed Heads

**NO
CAFFEINE**

Includes

- TEA
- COFFEE
- DECAF COFFEE & TEA
- HERBAL TEAS
- COLA DRINKS
- COCOA
- CHOCOLATE & MILO
- MEDICATIONS CONTAINING THEOPHYLINE

For 24 Hours

Prior to your Cardiac Stress Test

OR

Your test will be

REBOOKED

NOTE: For these tests a dose is ordered especially for you and can only be used for that one day. Cancellations on the day of your appointment will incur a fee of \$163 to cover the cost of the unused dose. This will include those who consume caffeine and do not call to cancel the day before. Attended appointments are free because Medicare bulk billing then covers the cost of the dose.