



Figtree Private Hospital
1 Suttor Place
Figtree NSW 2500

Dr Stephen Etheredge

MB BS(HONS),FRACP,DDU
Consultant Vascular Physician
Clinical Assoc. Prof. UOW

Email:manager@sbetheredge.com.au

Tel: 02 42284377

Fax:02 42261629

Provider No: 0455998X
AHPRA:MED0000935823

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

ADDRESS: _____ POST CODE: _____

PHONE: (home) _____ (mobile) _____

E-MAIL: _____

NEXT OF KIN: (name) _____ (phone) _____

MEDICARE NUMBER: _____ () Expire: _____

PENSION/HEALTH CARE CARD NUMBER: _____

HEALTH FUND NAME: _____ MEMBER NUMBER: _____

Reason for referral: _____

GP _____

Do/did either of your parents suffer from any medical condition (If yes, please state condition)

Mother: age _____ Problem: _____

Father: age _____ Problem: _____

Do/did any of your brothers or sisters suffer from any medical condition (list each sibling)

Do your own children suffer from a medical condition _____

Partner's health condition _____



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PERSONAL HISTORY

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

- | | | |
|--|---|--|
| <input type="checkbox"/> Rheumatic or Scarlet fever | <input type="checkbox"/> Heart attack or angina | <input type="checkbox"/> Stroke, TIA's |
| <input type="checkbox"/> Recent weight loss | <input type="checkbox"/> Asthma or bronchitis | <input type="checkbox"/> Cold extremities |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Blood clots, thrombosis |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Gynaecologic problems |
| <input type="checkbox"/> Arthritis/gout | <input type="checkbox"/> Skin rashes/itchiness | <input type="checkbox"/> Stomach ulcers |
| <input type="checkbox"/> Dizzy turns (giddiness) | <input type="checkbox"/> Headaches | <input type="checkbox"/> Reflux, hiatus hernia |
| <input type="checkbox"/> Pins & Needles | <input type="checkbox"/> Fits or epilepsy | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Passing or vomiting blood | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Dermatitis/excema | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Loss of hearing | <input type="checkbox"/> Cough | <input type="checkbox"/> Ankle swelling |
| <input type="checkbox"/> Vomiting/indigestion/heart burn | | |
| <input type="checkbox"/> Diarrhoea/recent change in bowel habits | | |

Please list any previous operations & hospital admissions: _____

PERSONAL HABITS

Occupation: _____

Do you suffer from any drug, food allergies or allergies to intravenous dyes etc: _____

Do you smoke: _____ Number per day: _____ Have you smoked in the past? _____

Do you drink alcohol: _____ Drinks per day: _____

Do you perform regular exercise: _____ How often: _____

Type of exercise: _____

Please list your current medications, dose & number of tablets per day _____

Any Comments: _____



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INFORMATION/CONSENT FORM FOR EXERCISE STRESS TEST

The purpose of the test: Exercise testing measures the performance of the heart and lungs. In many cases, the test is carried out to diagnose and follow coronary artery disease. Other uses of the test include evaluating capacity to undertake certain physical activities and the effect of medical treatment, angioplasty or surgery. Before being tested you will have been questioned and examined by the doctor and a resting ECG will be recorded. The term “stress” refers to the use of exercise.

Testing consists of walking on a treadmill and the speed and slope of the treadmill will be increased every 2-3 minutes. The test is stopped if and when you develop serious symptoms such as chest pain. Throughout the test a doctor will be present and your blood pressure and ECG will be monitored. If there are any major changes that concern the doctor, the test will be stopped. Your ECG will continue to be monitored for sometime after the test. Lung function and a cardiac ultrasound (echo) may also be tested. If during the test you are feeling unwell, report the symptoms immediately. You can stop the test at any time. Do not stop walking until the treadmill has been turned off.

Risks: Exercise stress testing is usually performed in patients with known or suspected coronary artery disease. Every effort is made to minimise the problems but there is a small risk of complications which you should be aware of. Emergency equipment and trained personnel are available to deal with any complications that may arise. Complications include disturbance of heart rhythm requiring resuscitation and the development of angina (heart pain). The risk of one of these occurring is approximately 2 in 10,000 tests. The doctor performing the test is well aware of these risks and will have taken them into account before commencing. Please feel free to discuss these issues. The test is conducted by a doctor and technician. A nurse is available to stay with female patients if this is preferred.

SIGNED CONSENT

Before proceeding with the test we need your signed consent. The signing of this form is voluntary. Please feel free to ask any questions you like about the test and risks.

I have read this form and had the opportunity to ask questions. I understand the test which will be performed and I have been made aware of the risks. I consent to participate in this stress test.

Signature of patient _____ Date _____