

Patient History

Full Name: _____

Reason for visit: _____

Medications you are currently taking:

_____ mg	_____ mg
_____ mg	_____ mg
_____ mg	_____ mg

Allergies or adverse reactions: _____

Past medical history. Check all that apply.

Gallbladder Problem _____ date _____	Balloon Angioplasty _____ date _____
Hypertension _____ date _____	Pancreas Problem _____ date _____
Stroke _____ date _____	Arthritis _____ date _____
Heart Attack _____ date _____	Echocardiogram _____ date _____
Irregular Heartbeat _____ date _____	Cardiac Cath _____ date _____
Leg Cramps _____ date _____	Heart Surgery _____ date _____
Diabetes _____ date _____	Liver Problem _____ date _____
Swelling _____ date _____	ECG/EKG _____ date _____
Thyroid _____ date _____	Pacemaker _____ date _____
Stomach _____ date _____	Artherosclerosis _____ date _____

List Pertinent Operations:

_____ Date _____

_____ Date _____

Risk Factors:

Cholesterol Levels: _____

Tobacco Use: _____ per day/week/month X _____ years

Alcohol Use: _____ per day/week/month X _____ years

History of Heart Disease in your family: _____

Heart Health Center Of North Texas, P.A.
Hippa Consent

I hereby authorize Heart Health Center of North Texas, P. A., my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from my insurance companies, and for health care operations like quality reviews.

I have been informed and may request a copy of the Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand that Heart Health Center of North Texas, P.A. has the right to change their privacy practices and I may obtain any revised notices at:
1600 Republic Parkway, Ste. 100, Mesquite, TX 75150.

I understand I have the right to request a restriction of how my protected health information is used. However, I also understand that Heart Health Center of North Texas, P.A. is not required to agree to the request. If the practice agrees to my restriction, they must follow the restrictions.

I also understand I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

I authorize the following persons or organizations listed as emergency contacts to receive the Protected Health Information:

Signature: _____ Date: _____

If signed by patient representative, please state relationship: _____

STRESS ECHO CONSENT

DISCLOSURE AND CONSENT FOR EXERCISE TOLERANCE STRESS ECHOCARDIOGRAM

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decisions whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THE FOLLOWING:

I voluntarily consent to, and authorize, Dr. Khan physicians, and such associates, technical assistants and other health care providers as they deem necessary to provide me with health care treatment and an exercise stress test and/or stress echocardiogram (the Test) in connection with such treatment. I understand that the Test consists of a series of electrocardiograms to be recorded while I am engaged in treadmill exercise, and that such electrocardiograms will be monitored during the test. Upon completion of the exercise on the treadmill, I understand the electrocardiograms will be interpreted by Dr. Khan, a physician in an effort to diagnose any abnormalities in my heart function, which could indicate the presence of heart disease. Additionally, I understand that the Test maybe compared to past or future tests to help discover any changes in my condition. I understand that no warranty or guarantee has been made to me as to the accuracy of the results of the Test.

I understand that there are risks and hazards related to the performance of the Test including:

Dizziness	Death	Chest pain	Muscle pain
Rapid heart rate	Bone & joint	Irregular heart beat	Heart attack
Shortness of breath	Abnormal blood pressure	Injury by falling off treadmill	

Every effort will be made to minimize the risks, and the testing will be monitored on a continuous basis. I am aware and understand that the risk of death as a result of the Test is approximately 1 to 10,000, which is less than the risk of death in any 24-hour period for any given person with symptomatic arteriosclerotic heart disease, who does not undergo such testing.

I understand that if I cannot exercise adequately on the treadmill, chemical stress using a medication such as Adenosine or Dobutamine may be administered to me. If I chose chemical stress as an alternative, I understand that I may feel a sensation of fullness in my head and chest or other mild temporary sensations. I understand that if I chose chemical stress, that the utilized drug may be completely and quickly reversed by the administration of a second medication. I understand that the Test will be stopped at the earlier of (i) my request, (ii) the physician or technician's decision (iii) completion of the test. The test and its associated risks and hazards have been explained to me. I have been given an opportunity to ask questions about the Test and the risks and hazards involved, and I believe that I have sufficient information to give my informed consent.

I certify that this consent has been fully explained to me, that I have read it or had it read to me, and that I understand that by signing below I am giving my consent for that Test to be administered to me. I certify that this is my authorized signature.

Patient/ Patient Representative Name Printed

Patient/ Patient Representative Signature

Date: _____

Patient/ Patient Representative Signature

Date: _____

Heart Health Center of North Texas, P.A

ECHO STRESS TEST **PATIENT INSTRUCTIONS**

PREPARATION

- *Clothing:* Wear two-piece, loose fitting clothing and rubber-soled walking or running shoes that are comfortable for exercising.
- *DO NOT USE* bath oil, lotion or powder on the morning of the test. You may use deodorant if desired.
- *Medications:* DO NOT take your blood pressure medications the day of your appointment.

BRIEF EXPLANATION OF SEQUENCE OF TEST

- You will need to undress from the waist up; women will be given a gown to wear.
- Electrodes will be placed on your chest to monitor your heart rate. The skin may need to be lightly scraped. Men may have chest hair shaved.
- Blood pressure cuffs will be used during the test. If a doctor has ever told you to avoid using a blood pressure cuff on one or both arms, please inform the staff while you are being prepared for this test.
- You will first receive a resting echocardiogram.
- For the "stress" portion of the test, you will be asked to either walk on the treadmill or you will be given IV medications to simulate exercise. It is important to tell the staff if you are having chest pain or discomfort, dizziness, breathing difficulties, or any other problems.
- You will be asked to exercise for as long as you possibly can, until the IV medications are completed, or until you have cardiac symptoms. **Most patients exercise for 6-9 minutes, but again you will be asked to go as long as you can to achieve your target heart rate.**
- When the exercise part of the stress test is completed, the treadmill will stop abruptly. A staff member will be standing next to you to assist you. You will be asked to quickly step to the bed and lie down on your left side. The technologist needs to begin recording data immediately after you have stopped exercising. If you receive IV medications for your "stress" portion, this will not apply to you as you will remain on the bed for the entire test.

QUESTIONS/CONCERNS

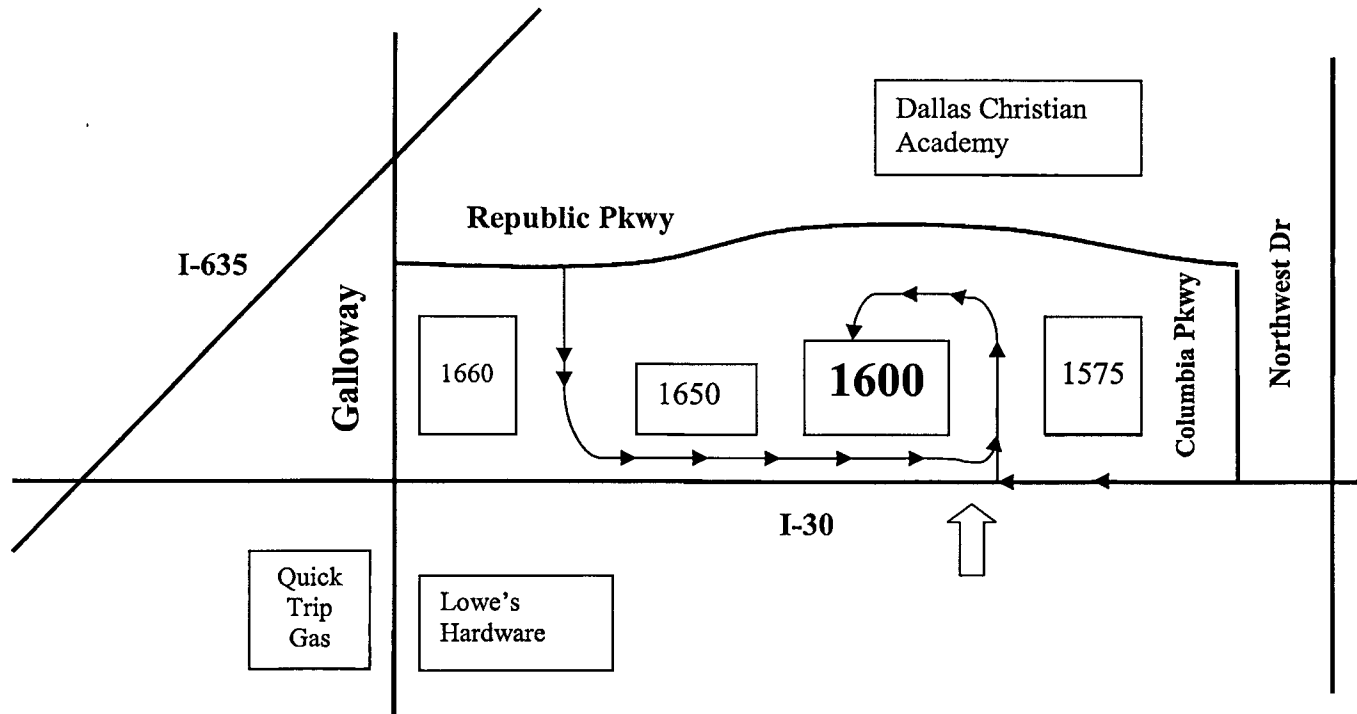
You will be contacted the day before your test to confirm your appointment time. For any questions or concerns, you may call our office at 972-270-7005.

Thank you for your time, patience, and cooperation!!

Heart Health Center of North Texas. P.A.
Dr. M. Nasrullah Khan, M.D., F.A.C.C
Phone 972-270-7005
Fax 972-270-7003

Directions

Please bring your insurance card, Drivers License and list of your medications. If you are scheduled for testing wear two-piece clothing and comfortable tennis shoes. Do not use any body lotions or powder on your chest area.



Heart Health Center of North Texas. P.A.

Directions

Dr. M. Nasrullah Khan, M.D., F.A.C.C

Phone 972-270-7005

Fax 972-270-7003

Please bring your insurance card, Drivers License and list of your medications. If you are scheduled for testing wear two-piece clothing and comfortable tennis shoes. Do not use any body lotions or powder on your chest.

I-30 East Exit:

Take I-30 East, Exit Northwest Drive, U-Turn over Northwest Drive Bridge onto I-30 service road (west). Off I-30 service Rd, turn right into the parking lot (after the big blue sign). Women's Health is on the back of the building. Patient parking is in the front of the building. We are located right off of the I-30 service Rd, across the highway from Lowe's hardware store.

I-30 West Exit:

Take I-30 West, Exit Northwest Drive onto I-30 service road (west). Turn Right into parking lot (after the big blue sign). Women's Health is on the back of the building. Patient parking is in the front of the building. We are located right off of the I-30 service Rd, across the highway from Lowe's hardware store.

635 South Exit:

Exit Galloway; turn left on Galloway, left on Republic Parkway. Turn right into 1600 & 1650 parking lot. Go past the 1650 building - driving all the way to the back parking lot. Enter into the back parking lot and turn left. Follow the parking lot around to the left past the trees; you will see a big blue sign. Behind the trees is Building 1600 it says Women's health on the back of the building. Patient parking is in the front of the building. We are located right off of the I-30 service Rd, across the highway from Lowe's hardware store.

635 North Exit:

Exit I-30 East, Exit Northwest Drive, U-Turn over Northwest Drive Bridge onto I-30 service road (west). Off I-30 service Rd, turn right into the parking lot (after the big blue sign). Women's Health is on the back of the building. Patient parking is in the front of the building. We are located right off of the I-30 service Rd, across the highway from Lowe's hardware store.