



PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU WHEN YOU COME FOR YOUR SCAN

Your full name: _____

Are you allergic to anything ? No Yes (Type _____)

Do you have Diabetes ? No Yes
If yes, what type of treatment ? Insulin Tablets Diet

(Don't forget to adjust insulin dose on morning of test - because you will be fasting. Also bring with you your Blood Glucose monitoring device and usual sugar supplement.)

Have you ever had a heart attack ? No Yes (when _____)

Do you suffer from chest pain/angina ? No Yes

Do you use: GTN Spray or Nitrate Patches Anginine Isordil

Have you ever had heart surgery ? No Yes (when _____)

Have you ever had Angioplasty ? No Yes (when _____)

Do you have an irregular heart beat ? No Yes Not sure

Do you have any medical conditions that could prevent you from exercising on our bicycle ? (e.g. joint replacements, asthma, severe back pain or arthritis)
 No Yes (what _____)

Do you have asthma ? No Yes
If yes, have you ever been hospitalised with asthma ? No Yes

Are you being treated for High Blood Pressure ? No Yes

Please list **all** medications you are currently taking (or attach list)

Would you like a copy of our report sent to your local Dr ? No Yes
If yes, who is your local Dr _____

If you are unsure about any questions please leave them and our staff will help when you come for your appointment

STAFF USE ONLY

Fasting Caffeine ceased Insulin dose adjusted GTN Indicated



How to find us...

Bundaberg Mater Private Hospital

X-ray rooms
Hope Street
BUNDABERG 4670

Click here for directions from your home, using Google™ Maps

Hervey Bay

Shop 2
46-48
Main Street
PIALBA 4655

Click here for directions from your home, using Google™ Maps