

Cold Stimulation Test

Patient Information:

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____ Date of Test: _____

Healthcare Practitioner: _____

Test Procedure:

1. Cold Stimulus:

- ☐ Cold Water Immersion
- ☐ Cold Compress Application

2. Water Temperature (if applicable): _____

3. Duration of Exposure: _____

4. Pre-Test Baseline Measurements:

- Resting Blood Pressure (mmHg): _____
- Resting Heart Rate (bpm): _____

Test Execution:

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Post-Test Measurements:

1. Post-Cold Exposure Measurements:

- Blood Pressure (mmHg): _____
- Heart Rate (bpm): _____
- Observations:

Results:

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Interpretation:

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Conclusion:

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Recommendations:

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Follow-Up:

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*Healthcare Practitioner's Signature:*_____

Patient's Acknowledgment:

I, John Doe, understand the purpose of the Cold Stimulation Test and consent to undergo the procedure.

Patient's Signature: _____ *Date:* _____