CONSULTATIONS
Medical records are required during consultation
☐ Consultations & Second Opinions with Narrative Reporting

CARDIAC
☐ Resting ECG with interpretation
  ☐ with monitoring to capture arrhythmia frequency/severity if indicated
☐ 24 Hour, Holter Monitor with interpretation
☐ 48 Hour, Holter Monitor with interpretation Event Monitor for
  ☐ 1 week  ☐ until arrhythmia is captured
  ☐ chest plate  ☐ ongoing telemetry up to 30 days
☐ Resting Transthoracic Echocardiogram (off-site):
  ☐ Adult  ☐ Pediatric
☐ Exercise Treadmill Stress Test
  (patient preparation instructions on reverse side)
☐ Exercise Tolerance Testing with ECG Monitoring
  (determines a safe and effective target aerobic heart rate)
☐ Exercise - Aerobic Cardiac Rehabilitation ______ times weekly for ________ weeks or choose duration & frequency based on tolerance
☐ Oxygen Multistep Therapy (oral antioxidants followed by aerobic exercise with hyperbaric oral
☐ Live O2 Adaptive Oxygen Therapy (Vasodilating)

PULMONARY
☐ Spirometry (FVC, FEV 1 & 3 sec., FEV1/FVC, FEF25-75%, Max. Flow)
☐ Spirometry with post test bronchodilation
  (Pt must bring and list medicine with dosage to be used)

VASCULAR ULTRASOUND (off-site)
☐ Abdominal Aortic Aneurysm
☐ Carotid Artery Duplex, Bilateral
☐ C.I.M.T. (Carotid Intima Media Thickness)
☐ Renal Artery  ☐ Messenteric Artery
Lower Extremity
☐ Arterial  ☐ Venous  ☐ Bilateral
☐ Unilateral  ☐ Left Leg  ☐ Right Leg
Upper Extremity
☐ Arterial  ☐ Venous  ☐ Bilateral
☐ Unilateral  ☐ Left Leg  ☐ Right Leg

OTHER VASCULAR STUDIES
Audio Doppler, Plethysmography and Rheography
☐ Carotid arterial audio doppler
  (bilateral study of common, external & internal)
Ankle/Brachial Index (ABI)
☐ Resting  ☐ Exercise
Arterial Audio Doppler/Rheography with Waveforms
☐ Upper extremity  ☐ fingers
☐ Lower extremity  ☐ toes
☐ Lower extremity venous photoplethysmography
  (refill time in venous insufficiency)
☐ Lower extremity venous doppler
  (with augmentation - DVT vs venous insufficiency)

ULTRASOUND - GENERAL (off-site)
☐ Abdominal Rt. Upper Quadrant / Limited
☐ Abdominal Complete
☐ Pelvic Trans-abdominal Only
☐ Pelvic Trans-abdominal & Trans-vaginal
☐ Thyroid & Parathyroid
☐ Testicular & scrotum
☐ Soft tissue (name specific anatomical structures)
Patient Preparation (please follow carefully)

Exercise Stress - Exercise Tolerance Test

- Do not eat, smoke, or drink caffeinated beverages 2 or more hours before being tested.
- You may need to avoid some medications before being tested. Please ask your doctor to advise you about this. All vitamins, minerals and herbs should be avoided the day of the test.
- Wear loose fitting clothing and walking shoes or sneakers.
  You will sweat during the exercise and may wish to bring a change of clothing.
- Plan to arrive early for check-in.
- The test takes about 60 minutes.
- You will be asked to sign an informed consent before being tested.

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