

Cold Pressor Test Protocol

Patient Information:

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____ Date of Test: _____

Healthcare Practitioner: _____

Procedure Details:

- Date:
- Time:
- Practitioner:

Test Description:

Patient Preparation:

Test Parameters:

- Temperature of Water:
- Duration:

Test Procedure:

Monitoring:

- Blood Pressure:

- Heart Rate:

- **Symptoms:**

Test Termination Criteria: The Cold Pressor Test was terminated according to the following criteria:

Post-Test:

Results:

- **Pain Tolerance:**

- **Cardiovascular Response:**

Conclusion:

Practitioner's Signature:

Patient's Signature (if applicable):

Date: