

# 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:**