Components of the Autonomic Nervous system testing

- Autonomic nervous system testing helps to determine the presence, severity, and localization of autonomic dysfunction.
- Includes: EKG, Sympathetic skin Response Test, Assessment of Heart Rate Variability to Deep Breathing, Evaluation of Hemodynamic Responses to Valsalva Maneuver, Tilt Table Test, and Active Stand.
- Through these battery of tests, sudomotor, cardiovagal, and adrenergic function are characterized. Non-invasive monitoring of beat-to-beat blood pressure and heart rate is performed throughout the test. Simultaneous EEG monitoring is an option if seizure vs. syncope is of concern.

Who can benefit from Autonomic Testing:
Assists physicians with the diagnosis, evaluation and treatment of:

- Syncope
- Fatigue
- Hypotension
- Dizziness
- Orthostatic intolerance
- Postural tachycardia
- Abnormal sweating
- Poor hemodynamic compensation
- Movement disorders
- Neuropathies
- Bladder and bowel dysfunction
- Assessment of dysautonomia in patients with diagnosis of Parkinson’s disease
- Multiple-system atrophy
- Diabetes
- Monitoring disease progression of autonomic disorders and response to treatment
- Differentiation of psychogenic from organic conditions
- Evaluation of syncopal seizures

Results:
All autonomic studies will be interpreted by a certified technician and available within two weeks of the completed study.

Scheduling:
Complete the form on the other side and check the autonomic test series, then fax the form back to 617-983-7315.

If you have any questions pertaining to an Autonomic Study or would like to refer your patient to Brigham and Women’s Faulkner Hospital for a consultation or would like to discuss other neurologic disorders, please call 617-983-7104.
BRIGHAM AND WOMEN'S  
Faulkner Hospital  
Phone (617) 983-7104  
Fax (617) 983-7315  

RAMIREZ CARDIAC TESTING CENTER  
PHYSICIAN ORDER  

Patient Name ___________________________ DOB _____ / _____ / _____  

Med Record # ___________________________ Brigham # ___________________________  

Insurance ___________________________ Referral/authorization # ___________________________  

Patient Phone # - Home (_____ ) Work (_____ )  

Ordering Physician ___________________________ Signature ___________________________  

Cardiologist Performing Test ___________________________  

Order Date _____ / _____ / _____ Number to Fax Report ___________________________  

CLINICAL INFORMATION: ___________________________ Appointment Date: ___________________________  

REASON FOR ORDER: ___________________________ Appointment Time: ___________________________  

ICD-9 DIAGNOSTIC CODE: ___________________________  


ORDER  

AMBULATORY EKG MONITOR  
☐ 24 hour Holter Monitor  
☐ 30 day Event Monitor  

EXERCISE TEST (Cardiac Stress Test)  
☐ Regular Exercise Test  
☐ Exercise Test with SPECT Myocardial Perfusion Scan  
☐ Pharmacologic (Adenosine or Dobutamine)  
☐ SPECT Myocardium Perfusion Scan  

ECHOCARDIOGRAM  
☐ 2-D Echocardiogram w/Doppler  
☐ 2-D Echocardiogram Limited  
☐ Echo Contrast Study (Bubble study)  
☐ Transesophageal  

ELECTROCARDIOGRAM  
☐ EKG  

AUTONOMIC FUNCTION TEST SERIES  
To include:  
☐ Nervous System Evaluation  
☐ Parasympathetic Function  
☐ Sympathetic Function  
☐ Sudomotor Function  
☐ Rhythm EKG  
☐ With Extended EEG  

VASCULAR STUDY  
☐ Carotid Duplex  
☐ Arterial Doppler  
☐ Arterial Doppler w/Exercise  
☐ PVR’s  
☐ Other  

If Ordering a Stress Test - Please Provide the Following Additional Information  

What is the reason for the test?  
☐ Arrhythmia  
☐ Palpitations  
☐ Cardiac Rehab  
☐ Cardiomyopathy  
☐ Chest Pain  
☐ Dyspnea  
☐ Other  
☐ Post Myocardial Infarction  
☐ Pre Operative  
☐ Post CABG/PTCA  
☐Other  

What Cardiac Medications is the patient currently taking?  
☐ Digitalis  
☐ Diuretics  
☐ Calcium Channel Blockers  
☐ Beta Blocker  
☐ Other  
 ☐ COPD or Asthma  
☐ On Insulin  
☐ Other Information ___________________________  
☐ Yes  
☐ No  
☐ Yes  
☐ No  

Other Information ___________________________  

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