

# Cold Test

*Patient Information:*

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_ **Date of Test:** \_\_\_\_\_

**Healthcare Practitioner:** \_\_\_\_\_

*Test Date and Location:*

- Date:
- Location:

*Procedure:*

**1. Preparation:**

**2. Selection of Test Site:**

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**3. Baseline Sensation Assessment:**

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**4. Cold Stimulus Application:**

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**5. Patient Feedback:**

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*Results:*

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*Interpretation:*

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*Conclusion:*

*Healthcare Practitioner's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_