



INFORMED CONSENT FOR TREADMILL EXERCISE STRESS TEST

I, for myself, or for the patient named below, do hereby consent to and authorize the performance of a treadmill exercise test to evaluate the adequacy of the blood supply to the heart muscle during periods of exercise (stress) and rest. The test will measure the functional capacity of my [the patient's] heart muscle and will provide an objective measurement of heart disease and assess my [the patient's] safe exercise capacity. The information obtained will be treated as privileged and confidential and will not be released or revealed to any other person without my express written consent.

Preparation for the test includes shaving the chest (if warranted), rubbing the chest with alcohol and abrasive material, which may cause some skin irritation, in order to place the small pads for monitoring and obtaining a baseline ECG. The test will be performed on a motorized treadmill with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort may appear. If you develop any discomfort, please inform the staff immediately. During the test, a physician or trained observer will monitor my pulse, blood pressure, and electrocardiogram. Upon completion of the exercise portion, the ECG pads will be removed.

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure; rhythm disturbances of the heart (too rapid, too slow, or ineffective); chest pain; breathing difficulty; and, in very rare instances, a heart attack and/or death. Every effort will be made to minimize such changes through the preliminary examination and by observation during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

I understand that there are other types of stress tests (also with some risk) and invasive procedures, such as heart catheterization (angiogram), that can sometimes obtain similar information to that of a treadmill exercise stress test.

I have read and understand the content of this form. I have been given the opportunity to ask questions and they have been answered to my satisfaction. I believe I have sufficient information to give informed consent.

Patient's Signature: _____ Date: _____ Time: _____
This patient is unable to sign the consent due to _____

Guardian/Legal Representative's Signature: _____ Date: _____ Time: _____

Relationship to the patient: _____

Witness Signature: _____ Date: _____ Time: _____

The risks and benefits of the above procedure have been explained to the patient or the surrogate decision maker.

Provider's Signature: _____ Date: _____ Time: _____