

Exercise Stress Test / Stress Echocardiography Consent Form

THE PURPOSE OF THE TEST

An exercise stress test is used to investigate the function of your heart during physical activity. Exercise makes your heart pump harder and faster and reveal problems with blood flow within your heart. Although you heart may not show any signs of problems at rest, it may show during exercise. Your doctor may refer you for an exercise stress test if you have signs or symptoms of coronary heart disease or an irregular heart rhythm. An exercise stress test can also be used to access the effectiveness of treatment for a previously diagnosed heart condition.

In the initial stage of your test, your heart electrical activity and blood pressure will be measured at rest prior to exercise. The treadmill will start at a slow walking pace and will increase its speed and incline at set intervals until the desired heart rate is reached. Your ECG and Blood pressure as well as symptoms will be monitored during the exercise. Once target heart rate is reached the treadmill will stop and measured data will be compared to the one measured at rest. The monitoring will continue in recovery for several minutes or as required.

RISKS

Although an exercise stress echo is generally safe there are some rare complications that may occur as with most medical procedures:

Serious complications include the possibility of a major disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina (heart pain), or the development of a heart attack. The risk of one of these occurring is approximately 2 or 3 in 10,000 tests. Unfortunately, there is also a very small risk of death occurring as a result of the exercise test. The chance of this in the average patient is approximately 1 in 10,000, although the risks are higher in patients who are already known to have severe coronary disease.

Throughout the test a doctor is present and the patient's pulse, blood pressure and electrocardiogram are monitored. Emergency equipment and trained personnel are available to deal with any complications that may arise.

CONSENT

Before proceeding with the test, we need your signed consent. Before signing the consent form, please feel free to ask any questions you have about the test and about any risks.

I have read this form and I have had the opportunity to ask questions. I understand the test which I will undergo, and I have been made aware of the risks involved. I consent to participate in the Exercise Stress Test / Stress Echocardiography.

Name of Patient			// DOB
Signature	// Date	Witness	// Date