

Atlantic Cardiology **Consent for Exercise Stress Test**

In order to detect heart disease, if present, or to determine an appropriate plan of treatment to assist in any recovery from a heart illness, I hereby consent to voluntarily engage in an exercise stress test to determine the state of my heart and circulation. The information obtained will help to aid my physicians in advising me as to the activities in which I may engage.

Before I undergo the exercise stress test, I will be examined and have an interview with a physician to determine if I have any condition which would indicate that I should not engage in this procedure.

The stress test will be performed on a treadmill (moving belt) 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, at which time I should inform the trained professional. Likewise, I may be asked to stop when achievement of testing limits such as maximum heart rate is obtained. During the performance of the test, a physician or trained professional will keep my pulse, blood pressure, and electrocardiogram under surveillance.

There exists the possibility of certain changes occurring during the test. These changes include abnormal blood pressure, fainting, disorders of heart beat (too rapid, too slow, or ineffective), and in very rare instances heart attack and death. Every effort will be made to minimize all risks by the preliminary examination and by observations during resting. Emergency equipment and trained professionals are available to deal with unusual situations that may arise.

The information obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed written consent. The information obtained however, may be used for statistical or scientific purposes with my right of privacy retained.

I have read the foregoing and I understand it. Any questions that have occurred to me have been answered to my satisfaction.

Patient Signature

Date