

PATIENT INFORMATION AND CONSENT FOR EXERCISE STRESS TESTING

Exercise stress testing involves measuring the performance of your heart whilst you undergo exercise of gradually increasing intensity on a treadmill. In most cases the test is performed to assist your doctor to assess the presence, severity or absence of coronary artery disease, ie: narrowing or blockages in the blood vessels supplying the heart muscle. The test may also be used to evaluate a person's capacity to undertake physical activities.

Testing consists of walking on a treadmill and the speed and gradient of the treadmill will be increased every three minutes. The test is usually stopped if and when you develop symptoms such as fatigue, breathlessness, tired legs, chest pain or other symptoms. A doctor will be at your side throughout the test and your pulse, blood pressure and ECG will be monitored. If there is any change in any of these observations which concerns the doctor he or she may stop the test immediately. If at any time during the test you feel unwell in any way, tell the doctor.

Clinical exercise stress testing is usually performed in patients with known or suspected coronary artery disease. While every effort will be made to minimize the risks of the procedure, there is a small risk of complications of which you should be aware. Emergency equipment and trained personnel are available to deal with any complications which may arise.

Serious potential complications include the possibility of a disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina, or the development of a heart attack. The risk of one of these developing is approximately 2 or 3 in 10,000. There is also a very small risk of death occurring as a result of an exercise test. The chance of this is approximately 1 in 10,000.

Before proceeding with the test, we need your signed consent. The signing of this form is completely voluntary and you are absolutely free to deny consent if you so desire. Before signing, please feel free to ask the doctor any questions.

I have read this form and have had the opportunity to ask questions. I understand what the stress test involves and have been made aware of the risks involved.

I consent to participate in this stress test.

PATIENT NAME (BLOCK LETTERS)

WITNESS NAME (BLOCK LETTERS)

PATIENT SIGNATURE

WITNESS SIGNATURE

DATE: _____

DATE: _____