



CONSENT FOR ROUTINE TREADMILL EXERCISE AND STRESS ECHOCARDIOGRAPH

In order to determine the state of blood supply to my heart muscle, and as requested by my health care provider, I will have a procedure using maximal exercise on a treadmill as a stimulus for increasing blood flow to the heart muscle.

The test, which I shall undergo, will be performed on a treadmill with the amount of effort increased gradually. The increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort appear which would indicate for me to stop.

During the performance of the test, a physician and/or nurse practitioner will keep under surveillance my pulse, blood pressure, and electrocardiogram. Personnel and emergency equipment will be available to provide immediate treatment of any complications.

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, disorders of the heartbeat (too rapid, too slow, or ineffective), and in very rare instances (less than one in 1,000) of a heart attack. Every effort will be made to minimize the potential risk by careful observation during testing. Emergency equipment and trained personnel are available to deal with any unusual situations, which may arise.

The echocardiograph (echo) is a safe, noninvasive test that uses ultrasound (sound waves) to evaluate the heart chambers, heart valves, heart muscle function, and blood flow through the heart.

The study has been explained to me. I have had the opportunity to discuss my questions with the physician, nurse practitioner, and/or technicians. I believe that I have obtained a complete explanation regarding the procedure to be performed, any and all potential hazards which are thought to exist.

I certify that I have read all the foregoing consent and that I fully understand its content.

Patient Name (Print): _____ **Date:**

Patient's Signature: _____

Witness: _____