



## EXERCISE STRESS TEST CONSENT FORM

### PROCEDURE

Your doctor has referred you for an exercise stress test. The exercise stress test will evaluate your heart and vascular system's response to exercise. It will help diagnose blocked arteries in the heart (coronary artery disease), assess abnormal heart beats, and check pacemaker function.

You will be connected to an electrocardiograph (ECG), which records your heart beat, and a blood pressure monitor. Your heart will be exercised or 'stressed' by walking on a treadmill. The speed and slope of the treadmill will increase every three minutes. Exercise intensity may be high. The test will be stopped if you have significant chest pain, become very tired or very short of breath.

Your heart rate, electrocardiogram and blood pressure will be monitored during and after the test. If you feel unwell or experience any symptoms you should tell the doctor or technician immediately.

### RISKS OF THIS PROCEDURE

Some of the more serious risks of this procedure are:

#### 1 in 1,000 people

- Abnormal heart beat
- Development of fluid in the lungs. You may need medication to treat this.
- Chest pain. This is treated with medication.

#### 1 in 2,500 people

- Heart attack

#### 1 in 10,000 people

- Death. The danger is greater if you have heart disease or blocked arteries (coronary artery disease) in the heart already.

There is a small risk of muscle or joint injury.

### Please advise staff if you have any of the following conditions.

Stress testing should not be performed in the following situations:

- Very recent heart attack (within 2 days).
- Unstable chest pain (angina) not yet settled by medical treatment.
- Abnormal heart beats, which are causing symptoms or affecting the blood supply to your body.
- Heart valve problems causing symptoms.
- Fluid in the lungs that is not controlled by medication and is causing symptoms.
- Recent blood clots in the lungs.
- Current swelling of the heart muscle or the sac containing the heart.
- Recent tearing of the wall of the large artery (aorta).

Please note that this test is not 100% accurate and a negative result does not guarantee you do not have heart disease.

### CONSENT

I, \_\_\_\_\_ (print name) \_\_\_\_\_ (date of birth), have read and fully understood the above information regarding the test procedure and associated risks. I hereby consent to undergoing the procedure of an exercise stress test to be performed at Cardiac Care Associates.

I also consent to such further treatment measures as may be deemed necessary during the course of the procedure.

Date \_\_\_\_\_ Signature of patient/parent or guardian \_\_\_\_\_