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STRESS ECHOCARDIOGRAM CONSENT FORM

Patient: _____ Date: _____ Hour: _____

I understand this exercise test is being done to: (1) detect the possible presence of heart disease, (2) provide guidelines for prescription of an exercise program; and/or (3) determine an appropriate plan of medical management. I hereby consent to voluntarily engage in an exercise test to determine the state of my heart and circulation. The information thus obtained will aid my physician (s) in advising me as to the activities in which I may engage.

The test which I will undergo will be performed on a treadmill designed to gradually increase the demands on the heart. This increase in effort will continue until such symptoms as chest pain excessive shortness of breath or fatigue appear, or until such time indicated by the physician supervising the test.

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

During the performance of the test, a physician or trained observer will keep under surveillance of my pulse, blood pressure and electrocardiogram. Other tests may also be measured during or after the exercise.

There exists the possibility of certain changes occurring during the exercise test. They include chest, abnormal blood pressure, very paid or very slow heart beat, and in very rare instances, a heart attack. Every effort will be made to minimize them by the preliminary examination and constant surveillance during the testing. Emergency equipment and trained personnel are available to deal with unusual situations which may arise, and these personnel have my consent to institute appropriate measures as needed.

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

I have read the foregoing and I understand and consent to said testing. Furthermore, no guarantee or assurance has been given by anyone as to the results that may be obtained from the exercise test or the treatment of complications arising there from. Any questions which may have occurred to me have been answered to my satisfaction.

_____
Patient's Signature

_____
Witness

_____
Physician supervising the test