

**EXCEL CARDIAC CARE
CONSENT FOR CARDIAC TESTING**

Patient Name _____

Date of Birth _____

I hereby consent to a: Treadmill Stress Echo Treadmill stress EKG

I understand that this test has been ordered by my physician to help diagnose cardiopulmonary disease. I voluntarily consent to perform this test.

The test will be performed on a treadmill with the amount of effort increasing gradually. The test will be discontinued upon attaining the target heart rate or exercise goal. The test may also be discontinued if I develop symptoms such as fatigue, shortness of breath or chest discomfort. The physician may stop the test if there are changes on the electrocardiogram or if irregular heart rhythms develop. The test will be performed by a physician or a trained medical assistant under the supervision of a physician. During testing, the electro-cardiogram, pulse, and blood pressure will be monitored.

There is the possibility that certain changes may occur during the test. These include the development of chest pain, a drop in blood pressure, or irregular heart rhythms. Very rare complications of stress testing have included heart attack or death. Every effort will be made to minimize any chance of any adverse event by the preliminary screening and the close observation during the test. Emergency equipment and trained personnel are available to deal with any situation which may arise.

I have read the foregoing and I understand it and any questions which may have occurred to me have been answered to my satisfaction.

Date

Patient, Legal Guardian or Agent Signature

Relation if Signing for Patient

Physician Supervising the Test

Witness