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**INFORMED CONSENT FOR CARDIAC STRESS TESTING**

\_\_\_ Plain Stress Test

\_\_\_ Stress Echo

Before undergoing this test, I have had an interview with a physician to determine if I have a condition that would indicate that I should not engage in this test.

1. My physician Dr. \_\_\_\_\_ has referred me for this exercise test. I was informed that it is a commonly performed study that will help in determining the presence of disease in my blood vessels and/or evaluate the effectiveness of current therapy.
2. There is a possibility that certain changes in my body and/or body systems will occur during this procedure such as: a very fast or slow heart beat, palpitations, lightheadedness, an abnormal blood pressure response, mild shortness of breath, heart attack, heart failure and death (which is rare) with this procedure. Every effort will be made to minimize these consequences by preliminary examination and by observation during the test. A physical and trained technician will be present throughout the test. In the event of an emergency, equipment and trained personnel are available to deal with any unusual situation. The physician has informed me that the overall serious complication rate is small and the diagnostic information which may be obtained outweighs the risks of the procedure.
3. I understand that I will walk on a motor driven treadmill. During the performance of the test, a physician and his/her trained technician will keep me under surveillance. The amount of the effort or my effort may increase until in most cases, a predetermined heart rate is attained. Various parameters may be monitored before, during or after the exercise period. These may include any or all of the following: heart rate, blood pressure and electrocardiogram. The exercise will be stopped when the supervising physician believes the appropriate level of exercise has been achieved, or I develop any abnormal responses that the physician feels are significant or I feel incapable of continuing the test.
4. I understand that my physician may need to administer a non-radioactive contrast agent during my test/procedure.
5. I consent to any measure necessary to correct complications which may occur. I assume all risks and harmful effects in connection with this Exercise Test. All risks and benefits to the above test have been explained to me, and I fully understand them. All alternatives have been explained to me and I understand them. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND CONSENT TO THE EXAMINATION AS DESCRIBED.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

(Patient or Authorized to Consent for Patient)

Witness: \_\_\_\_\_

(Witness to Signature)

\_\_\_\_\_

(Relationship to Patient)

I have explained the procedure indicated above and its risks and consequences to the patient or person authorized to consent for the patient, who has indicated the understanding thereof, and has consented performance.

Physician: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM



**Cardiology**