

# CASCADE HEART



## INFORM CONSENT FOR TREADMILL STRESS TESTING

Exercise is a common physiological stress that can produce cardiac abnormalities or symptoms that may not be apparent at rest. An exercise test, sometimes called a treadmill test, provides information on how well the heart handles work.

Upon arrival to the treadmill room you will have the opportunity to ask questions not answered by this form.

A nurse or medical assistant will prepare you for the test by first obtaining a finger-stick blood test to detect possible anemia. You will then be prepped and hooked up to the EKG machine for monitoring. Baseline EKG and blood pressure will be recorded. When all baseline tests are acquired and determined acceptable, the physician assistant will proceed with the test.

You will be asked to begin walking on the treadmill at a slow speed and low incline. At 3 minute intervals the speed and incline of the treadmill will increase attempting to increase your heart rate. The duration of the test and peak heart rate to be obtained is determined by your age and gender. The heart rate met determines the validity of the test. Some diagnostic information may be obtained even if these parameters are not met.

Inform the physician assistant of any chest discomfort or heaviness, unusual shortness of breath or other symptoms not ordinarily part of exercising.

When you have reached your peak heart rate or maximum exercise tolerance, the treadmill will slow down for your cooling off period before stopping. Monitoring will continue during your recovery period after which the test is complete.

If test results are grossly abnormal, arrangements will be made for a physician to address the results at the time of the test. All other results will be forwarded to the ordering or referring physician for discussion with the patient.

There are potential risks associated with any medical treatment. Although it is impossible to list them all, some of the possible risks, complications and side effects of this procedure could include, but are not limited to the following:  
Irregular heart beats, changes in blood pressure and very rarely heart damage or sudden death.

My signature certifies that I have read or had read to me the contents of this form. I agree to follow any patient instructions related to this procedure. I understand the potential risks, complications and side effects involved with any medical procedure and have decided to proceed with this test. I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfactions.

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERPRETER: \_\_\_\_\_

WITNESS: \_\_\_\_\_

2/2/04