**EXERCISE STRESS ECHOCARDIOGRAM CONSENT FORM**

**THE PURPOSE OF THE TEST**

An Exercise Stress Echocardiogram is a test to see how your heart performs when it is asked to work harder. Exercise testing measures the ability of the heart to function under a gradually increasing load. In most cases, the test is carried out to assist in determining whether or not a patient has coronary artery disease. Less commonly, the test is used to evaluate a patient’s capacity to undertake certain physical activities.

**PROCEDURE**

During an Exercise Stress Echocardiogram you will be asked to walk briskly on a treadmill during which the pattern of electrical activity generated by your heart (ECG) will be closely observed. You will also be asked to report any symptoms you may experience during the test. Your heart rate and blood pressure will be recorded at specified intervals. If you feel unwell or experience any symptoms including shortness of breath, chest pain, dizziness, light-headedness you should tell the doctor or technician immediately. The test can be stopped at any time.

**RISKS**

The exercise stress testing is usually performed on patients to try and detect whether coronary artery disease is present. While every effort is made to minimise the risks of the procedure, there is a very small but definite risk of complications. Serious complications include the possibility of a major disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina (heart pain), or the development of a heart attack. The risk of one of these occurring is approximately 2 or 3 in 10,000 tests. Unfortunately, there is also a very small risk of death occurring as a result of the exercise test. The chance of this in the average patient is approximately 1 in 10,000, although the risks are higher in patients who are already known to have severe coronary disease. Throughout the test medical staff are present and the patient’s pulse, blood pressure and electrocardiogram are monitored. Emergency equipment and trained personnel are available to deal with any complications that may arise.

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

· Very recent heart attack (within 2 days).

· Unstable chest pain (angina) not yet settled by medical treatment.

· Abnormal heart beats or 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).

**SIGNED CONSENT**

Before proceeding with the test, we need your signed consent. Before signing the consent form, please feel free to ask any questions you have about the test and about any risks.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 Echocardiogram to be performed. I also consent to such further treatment measures as may be deemed necessary during the course of the procedure.

**Signature** of Patient/Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness by**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_