



CONSENT FOR EXERCISE STRESS TESTING

To determine the condition of my heart and circulation, I will voluntarily undergo an exercise stress test on an electronic treadmill as ordered by _____.

Please read and initial each of the following statements:

initial

I have received and read the information provided to me about the exercise stress test.

initial

I understand that certain normal changes may occur during the test. I also understand that abnormal changes may occur, including:

Increased blood pressure
Decreased blood pressure
Fainting
Abnormal heartbeat
Heart attack
Stroke
Death

initial

I have been explained the risks and benefits of this test and my questions have been answered to my satisfaction.

initial

My permission to perform this test has been given voluntarily and I may deny consent if I so desire.

initial

I consent to participate in this exercise stress test.

DATE: _____ PATIENT NAME: _____

SIGNATURE OF PATIENT: _____

WITNESS: _____

PHYSICIAN: _____