**ECHOCARDIOGRAM CONSENT FORM**

**About the test**

Commonly referred to as an “echo”, this test is an ultrasound of the heart. High frequency sound waves are used to produce images of the heart valves and chambers so that doctors can see how your heart is functioning.

Your doctor may request this test to investigate signs or symptoms, such as shortness of breath, fatigue, palpitations or swelling of the legs.

If your doctor detects a heart murmur during an exam, they may request an echo to see how well the heart valves are functioning or whether they have trouble opening and closing.

This is a painless, non-invasive test.

Our echocardiograms are performed by qualified, highly experienced cardiac sonographers.

**What are the risks?**

There are no known risks involved in a standard echocardiogram. An echo does not emit radiation. However, patients may experience some discomfort if the ultrasound probe is pressed firmly to obtain a clear image

Please discuss any issues prior to agreeing to proceed with an ECHOCARDIOGRAM.

**Signed consent**

* I have read this information sheet and understand the test which will be performed.
* I am aware of the risks involved.
* I understand the signing of this form is voluntary and I am free to deny consent if I desire.
* Without consent I understand that the test will not be performed.

**I consent to participate in an ECHOCARDIOGRAM test.**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature* | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  *Date* |

PHC 2020