**STRESS ECHOCARDIOGRAM CONSENT FORM**

**About the test**

This test involves comparing the contraction of your heart at rest and after exercise.

Commonly referred to as a ‘stress echo’, this test involves an echocardiogram taken before and after a pre-determined level of exercise. The echo produces images of the heart valves and chambers so that your doctor can see how your heart is functioning and whether there is evidence of heart muscle weakness whilst your heart is working hard. This may indicate severe coronary artery disease.

The exercise test component measures the performance and capacity of your heart and blood vessels during a pre-determined workload. It can evaluate whether your heart receives enough oxygen and proper blood flow when you are under stress/exercising. Changes on the ECG during exercise may suggest you have reduced blood flow to heart muscle.

**What are the risks?**

There are no known risks involved in a standard echocardiogram. An echo does not emit radiation.

An exercise stress test is generally considered safe, however, as exercise tests are often performed on patients with known or suspected heart disease, it does carry a small risk of complications; for example: severe drop in blood pressure (hypotension), chest pain, collapsing, fainting, irregular heartbeat and heart attack (1-2:10,000).

Every effort is made to minimise these risks. Exercise stress echo tests at Peninsula Heart Centre are performed by a Cardiologist and a qualified cardiac sonographer. The test is only performed in a hospital setting that has access to emergency cardiac services should any complications arise.

Please discuss any issues prior to agreeing to participate in the STRESS 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 this STRESS ECHOCARDIOGRAM test.**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Patient Name* | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  *Date of Birth* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature* | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  *Date* |

PHC 2020