**EXERCISE STRESS TEST CONSENT FORM**

**About the test**

An exercise stress test will help your doctor determine whether your heart receives enough oxygen and proper blood flow when it needs it most, such as when you are exercising. The exercise test is performed on a treadmill. The workload (speed and incline of the treadmill) is gradually increased every three minutes, as the test progresses. The test is stopped when you are too tired to continue or when your target heart rate is reached or when the doctor detects changes of concern with you or on your ECG.

Electrocardiographic (ECG) and blood pressure (BP) readings are taken throughout the test, as graded exercise can reveal changes on ECG and with your BP that may otherwise not be detected in a resting state.

Your doctor may request this test if you have been experiencing chest pain/tightness, breathlessness or other symptoms suggestive of coronary heart disease or to check symptoms of palpitations or dizziness to exclude heart rhythm problems.

Your doctor may want to assess the progress of a particular treatment (e.g. angioplasty with stent).

Or, your doctor may simply want to evaluate your fitness and your capacity to undertake physical activity.

This test will assess your heart’s response to exercise looking for changes with you or on the continuous electrocardiogram (ECG) and rhythm suggestive of an abnormality.

**What are the risks?**

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 tests at Peninsula Heart Centre are performed by a specialist doctor and a qualified cardiac nurse or technician. 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 EXERCISE STRESS TEST.

**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 EXERCISE STRESS test.**

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

PHC 2020