



Pacific Cardiovascular Associates Medical Group, Inc.

TREADMILL STRESS TEST

NAME: _____ DATE: _____ AGE: _____

REFERRING PHYSICIAN: _____

INFORMED CONSENT (BY PATIENT)

PURPOSE OF PROCEDURE - In order to evaluate the functional performance and capacity of the heart, lungs, and blood vessels, I hereby consent, voluntarily to perform an exercise test. I understand that I will be questioned and examined by a physician and/or nurse practitioner, and have an electrocardiogram recorded to exclude any apparent contraindications to testing. Exercise will be performed by walking on a treadmill with speed and grade increasing every two to three minutes, until the limits of fatigue, breathlessness, chest pain and/or other symptoms of such severity occur that I should stop the effort. Blood pressure and electrocardiogram will be monitored.

RISK OF TESTING - Include occasional disorders of heartbeats, abnormal blood pressure response, and very rarely (less than one chance in a thousand) a heart attack, particularly while taking a hot shower shortly after strenuous exercise testing. Professional supervision protects against injury and provides appropriate precautionary measures; hospital treatment is available. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

BENEFITS OF TESTING - Include quantitative assessment of working capacity and critical appraisal of the disorders or diseases, which impair capacity. This knowledge facilitates better treatment and more accurate prognosis for future cardiac events.

Rights to withdraw, and to withhold personal information from non-medical persons (such as employers and insurance agents) without additional consent is assured. Professional care and availability of emergency treatment protect welfare. Registration of my name for possible follow-up purposes in the future is included in this consent. Hot showers and saunas should be avoided for four (4) hours after the test. I have read the foregoing and understand it completely and any questions that have occurred to me have been answered to my satisfaction.

PATIENT SIGNATURE: _____

WITNESS SIGNATURE: _____



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PATIENT INSTRUCTIONS FOR TREADMILL STRESS TEST

A treadmill stress test is a carefully monitored test in which you will be asked to walk on a moving treadmill under close supervision. The amount of exercise will gradually be increased as determined by your ability. It will be explained in greater detail at the actual time of the test. Your written consent will be required, although the likelihood of a serious reaction is remote.

- No food for four hours prior to the test. You may take small sips of water with any medications that you may need to take.
- Wear lightweight clothing. Ladies should wear a blouse. No long skirts and do not wear pantyhose or bras with metal under wires (sports bras are recommended).
- PLEASE BRING A LIST OF ALL YOUR MEDICATIONS WITH YOU ON THE DAY OF YOUR TEST.**
- Wear rubber soled comfortable shoes.
- Please check in at least 5 minutes prior to your appointment time.
- No hot tub or hot shower should be taken for at least four hours prior to or after the test.
- If you take insulin (pills or injection), please obtain instructions from your primary care physician on how to take your medications prior to your test.
- If you use an inhaler please bring it/them with you.
- Do not use body lotions or powders; however, deodorants are okay.

A complete record and discussion of the test can be expected when you see your physician at a follow-up appointment. The provider performing the test may, if indicated, discuss preliminary results and recommendations.

If you have any questions about these instructions for your treadmill stress test please feel free to contact our office at (949) 837-1578.