



Treadmill Exercise Test Consent Form

Patient Name: _____

Patient Date of Birth: _____

The treadmill exercise test includes walking and/or jogging on a moving belt for the purpose of testing the functional performance of your heart, blood vessels, and especially the coronary arteries. Preparation for the test includes shaving the chest (if warranted), rubbing the chest area with alcohol and an abrasive material. This may cause slight skin irritation.

During your treadmill exercise test, your blood pressure and electrocardiogram will be monitored. There exists the possibility of certain changes occurring during the test which include: abnormal blood pressure, fainting, disorders of the heartbeat, and in very rare instances, a heart attack (less than 1 in 10,000).

Such occurrences may require the administration of various medications, the use of needles, or other treatments and procedures as needed.

I recognize that unforeseen conditions arising during the course of the procedure listed above may necessitate additional procedures or an extension of those procedures set forth.

I have read, understand and agree to all of the above statements. I have had an opportunity to ask questions about the exercise test, and feel that the test, its risks and benefits have been adequately explained to me. I, for myself, or for the patient named above, give consent for the exercise test to be performed at the facilities of Personalized Physicians.

Date

Signature of Patient

Witness