

INTERVENTIONAL CARDIOLOGY MEDICAL GROUP, INC.

Information for Treadmill Exercise

Patient Name: Last _____ **First** _____ **Date** _____

In order to determine the state of blood supply to my heart muscle, and as requested by my health care provider, I will have a procedure using maximal exercise on a treadmill as a stimulus for increasing blood flow to the heart muscle.

The test, which I shall undergo, will be performed on a treadmill with the amount of effort increased gradually. The increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort appear which would indicate to me to stop.

During the performance of the test, a physician and/or nurse practitioner will keep under surveillance my pulse, blood pressure, and electrocardiogram. Personnel and emergency equipment will be available to provide immediate treatment of any complications.

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, disorders of the heartbeat (too rapid, too slow, or ineffective), and in very rare instances (less than one in 1,000) of heart attack. Every effort will be made to minimize the potential risk by careful observation during testing. Emergency equipment and trained personnel are available to deal with any unusual situations, which may arise.

The study has been explained to me. I have had the opportunity to discuss my questions with the physician, nurse practitioner, and/or technicians. I believe that I have obtained a complete explanation regarding the procedure to be performed, and any and all potential hazards which are thought to exist.

I certify that I have read all the foregoing consent and that I fully understand its content.

Patient's Signature: _____ **Witness:** _____