

Appendix C

Sample Informed Consent for Exercise Testing of Patients With Known or Suspected Heart Disease

Name: _____

1. Purpose and Explanation of Test

I hereby consent to voluntarily engage in an exercise test to determine my capacity and state of cardiovascular health. I also consent, if necessary, to the taking of samples of my exhaled air during exercise to properly measure my oxygen uptake. It is my understanding that the information obtained will help me evaluate future physical activities in which I may safely engage and aid my doctor in the determination of an appropriate medical treatment for me.

I understand that my physician has recommended the exercise test and referred me to this particular center for performance of the test. I have provided correct responses to the questions as indicated on the patient medical history form or to those of the interviewer. I understand that based on this information, it will be determined if there are any reasons that would make it undesirable or unsafe for me to take the test. Consequently, I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

The test that I will undergo will be performed on a motor-driven treadmill or bicycle ergometer with the amount of effort gradually increasing. As I understand it, this increase in effort will continue until I feel and verbally report to the operator any symptoms such as fatigue, shortness of breath, or chest discomfort. I have been clearly advised that it is my right to request that a test be stopped at any point and that I should immediately upon experiencing any such symptoms inform the operator.

It is further my understanding that prior to beginning the test, I will be connected by electrodes and cables to an electrocardiographic recorder which will enable personnel to monitor my cardiac (heart) activity. During the test itself, it is my understanding that a physician or trained observer will monitor my responses continuously and take frequent readings of blood pressure, the electrocardiogram, and record my expressed feelings of discomfort or effort.

Once the test has been completed, but before I am released from the test area, I will be given special instructions about showering and the recognition of certain symptoms that may appear within the first 24 hours after the test. I agree to follow these instructions and promptly contact the program personnel or medical providers if such symptoms develop.

2. Risks

It is my understanding, and I have been informed, that there exists the possibility of adverse changes during the actual test. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. Every effort, I have been told, will be made to minimize these occurrences by observations taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my performance of this test, but knowing those risks, it is my desire to proceed to take the test as herein indicated.

3. Benefits to Be Expected and Alternatives to the Exercise Testing Procedure

I understand that the possible beneficial results of this test depend on my doctor's medical reasons for requesting it. It may be helpful in determining my chances of having heart disease that should be treated medically. If my doctor suspects or knows already that I have heart disease, this test may help to evaluate how this disease affects my ability to safely do certain types of physical work or exercises and how best to treat the disease.

4. Confidentiality and Use of Information

I have been informed that the information obtained from this exercise test will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I understand that this information will be used by the cardiac rehabilitation program staff to evaluate my exercise status or needs.

5. Inquiries and Freedom of Consent

I have been given the opportunity to ask questions regarding the procedure.

I further understand that there are remote risks other than those mentioned previously that may be associated with this procedure. Despite the fact that a complete accounting of all remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me, and it is still my desire to proceed with the test.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel.

Patient signature	Date
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Witness signature	Date
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Test supervisor signature	Date
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