



MACOMB

### Consent for EKG Stress Test

- |   |   |
|---|---|
| <input type="checkbox"/> Graded Exercise Stress Test      | <input type="checkbox"/> Persantine Stress Test |
| <input type="checkbox"/> Graded Stress Echocardiogram     | <input type="checkbox"/> Dobutamine Stress Test |
| <input type="checkbox"/> Dobutamine Stress Echocardiogram | <input type="checkbox"/> Lexiscan Stress Test   |

I understand the purpose of the stress test is to help the physician in the diagnostic evaluation of my heart and circulatory system.

- I understand that during the performance of the Graded Exercise Stress Test I will walk on a motor-driven treadmill, the grade and/or speed of which will be gradually increased, and this will gradually increase the amount of effort I will expend. If I show symptoms of distress—such as fatigue, shortness of breath or chest pain, the test will be terminated.
- I understand that part of the test will include the infusion of a medication that will produce a similar effect on the heart as if I was undergoing exercise. The test will continue until a predetermined level has been reached, if I show symptoms of distress—such as shortness of breath or chest pain, the test will be terminated.

I understand I should report any abnormalities or distress during the test and that during the test my heart rate will be monitored by a continual EKG.

I understand I may stop the text at any time for any reason.

I understand that there are certain risks associated with the procedure I will be undergoing, including abnormal blood pressure, abnormal heartbeat, fainting, and a rare possibility of a heart attack or death. The preparation for the test involves the light abrasion of the skin at the electrode sites with fine sandpaper or other abrasive material to improve the quality of the electrocardiogram. This may result in a slight redness which can be relieved with non alcohol cream or lotion.

I have read this form (or it has been read to me) and I understand it. I have had an opportunity to ask any questions I may have regarding the testing procedure, and these questions have been answered to my satisfaction.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

