McLaren
MACOMB

CONSENT FOR TILT TABLE TESTING

I agree to undergo a Tilt Table Test at McLaren Macomb Hospital. The purpose of this test is to help determine the cause of syncope, fainting, lightheadedness and/or dizziness. This test will be done by trained personnel under the supervision of a physician. My vital signs will be taken prior to the test, as well as during and after the test to evaluate my response.

I understand that this procedure may cause changes in my blood pressure and heart rate as well as fainting, lightheadedness and/or dizziness. Like all medical procedures, there is an extremely remote possibility of death. I consent to resuscitative measures if necessary. Emergency equipment and trained personnel are available in the rare event that something may occur. Every effort will be made to minimize risks by careful preliminary examination and observation throughout the test.

I have read the above and understand it. Any questions that have occurred to me have been answered to my satisfaction. I give my consent to proceed with the test. I understand and agree that my participation in this test is voluntary and that I may refuse to participate or withdraw at any time.

Patient Signature _____ Date _____

Witness _____ Date _____

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