DESCRIPTION OF THE PROCEDURE: An Exercise Treadmill Test is a diagnostic procedure that may be used when a physician wants to assess the heart muscle under stress. Exercise on a treadmill is a way to achieve this. A technician will place electrodes (small adhesive patches) across your chest. A belt will be wrapped around your waist, which has lead wires that will be connected to the electrodes. EKGs and blood pressures will be obtained. You will be asked to walk on a treadmill for approximately 5 to 15 minutes. The test begins slowly and increases gradually in speed and incline every two to three minutes depending on the protocol the physician elects to use. During this time, your heart rate, blood pressure and EKG will be monitored. Your responsibility is to exercise to the best of your ability. The exercise portion will be completed once you have obtained a target heart rate (pre-determined by age). You or the physician also has the ability to decide to terminate the procedure at any time.

REASONS FOR PROCEDURE: Possible indications for an Exercise Treadmill Test may include, but are not limited to, the following:

- to determine limits for safe exercise in patients who are entering a cardiac rehabilitation program and/or those who are recovering from a cardiac event, such as a heart attack (myocardial infarction, or MI) or heart surgery
- to evaluate blood pressure during stress testing
- to assess stress or exercise tolerance in patients with known or suspected coronary artery disease
- to evaluate the cardiac status of a patient about to undergo surgery

There may be other reasons for your physician to recommend an Exercise Treadmill Test.

RISKS FOR THE PROCEDURE: While an Exercise Treadmill Test is considered relatively safe, there is always the rare possibility that complications may occur. They include but are not limited to chest pain, high blood pressure, irregular heartbeats, dizziness, nausea, extreme fatigue, heart attack, stroke and death.

There may be other risks depending upon your specific medical condition. Be sure to discuss any concerns with your physician prior to the procedure. This test is not 100% diagnostic.

ALTERNATIVES: The decision to do nothing. Observation.

AUTHORIZATION FOR THE PROCEDURE:

The procedure and the risks have been explained to my complete satisfaction and understanding. I agree to participate in this procedure and grant permission for the medical personnel to provide any medical treatment necessary to assure my safety.

_____	_____	_____
Patient or Authorized Representative Signature	Date	Time
_____	_____	_____
Witness Signature	Date	Time

PHYSICIAN DECLARATION

I have explained the procedure, the risks, complications and alternatives as elements necessary for the patient or authorized representative to make an informed consent. The risks associated with refusal have been explained. Top the best of my knowledge, all questions have been answered and the patient or authorized representative has been adequately informed and consents to the procedure.

_____	_____	_____
Provider Signature	Date	Time
_____		
Provider Printed Name		

Health ONE North Suburban Medical Center

Informed Consent for Exercise Treadmill Test

Patient Information/Label