

CONSENT FORM EXERCISE STRESS TEST	U.R. No	(Please place patient label here)	
	Surname		
	Given Names		
	D.O.B.		Sex M F
	GP		

A. INTERPRETER NEEDS

An Interpreter Service is required yes no
 If yes, is a qualified Interpreter present yes no

B. CONDITION AND PROCEDURE

Dr Allada has explained that I have the following condition:

.....

.....

This condition requires a test called an Exercise Stress Test. The following will be performed:

The exercise stress test measures the function of the heart, lungs and blood vessels. It is done to help diagnose blocked arteries in the heart (coronary artery disease), assess abnormal heart beats or to check the function of pacemakers.

Before the test starts, an electrocardiogram (ECG) is taken. This is a recording of your heart beat on paper.

Next, your heart is exercised or "stressed". If you can walk easily, you can walk on the treadmill. The speed and slope of the treadmill increases every three minutes. This makes your heart do more work. You will exercise quite hard. The test will be stopped if you have severe chest pain, become very tired or very short of breath (puffed).

Your pulse, blood pressure and electrocardiogram are watched during and after the test. If we are worried about these, the test is stopped.

If you feel unwell you should tell us at once.

The staff who will be with you during and after the test are trained to deal with any complications.

Please discuss any worries you may have before you agree to the test.

C. RISKS OF THIS PROCEDURE

These are some of the more serious risks that can happen but are not the only risks:

1 in 1000 people

- (a) Abnormal heart beat.
- (b) Development of fluid in the lungs. You may need medication to treat this.
- (c) Chest pain. This is treated with drugs.

1 in 2500 people

- (d) Heart Attack

1 in 10000 people

- (e) Death. The danger is greater if you have heart disease or blocked arteries in the heart (coronary heart disease) already.

There is a small risk of muscle or joint injury.

Situations where stress testing should not be used: (please tell the staff if you have any of these)

- Very recent heart attack (within 2 days)
- Unstable chest pain (angina) not yet settled by medical treatment.
- Abnormal heart beats, which are causing symptoms or effecting the blood supply to your body.
- Severe heart valve (aortic valve) narrowing causing symptoms.
- Fluid in the lungs that is not controlled by drugs and is causing symptoms.
- Very recent blood clots in the lung.
- Current swelling of the heart muscle or the sac containing the heart.
- Recent tearing of the wall of the large artery (aorta).

Stress testing may be conducted in the following situations, if the benefits of the test are greater than the risks:

- A narrowing in the main left coronary artery
- Medium narrowing of the heart valves
- Abnormal blood test results (electrolytes).
- High blood pressure. The first number in the blood pressure reading greater than 200 mmHg or the second number, greater than 110mmHg.
- Very fast or very slow abnormal heart beats.
- Any blockage to the outflow path of the main heart pump (left ventricle).
- Mental or physical problems preventing exercise.
- Major blockage of the heart's electrical conduction. This is between the upper and lower heart chambers.

PROCEDURAL CONSENT FORM

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D. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

Dr Allada has explained any significant risks and problems specific to me and the likely outcomes if complications occur. He has also explained relevant treatment options as well as the risks of not having the procedure.

E. PATIENT CONSENT

I acknowledge that:

Dr Allada has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

Dr Allada has explained other relevant treatment options and their risks. He has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet which explains the procedure and its risks.

I was able to ask questions and raise concerns with Dr Allada about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that a doctor other than Dr Allada may conduct the procedure. I understand this could be a doctor undergoing further training

Dr Allada has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements,
I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/
Substitute decision maker
and relationship

Signature

Date

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

F. INTERPRETER'S STATEMENT

I have given a translation in
of the consent form and any verbal and written
information given to the patient/ substitute
decision maker by Dr Allada.

Name of Interpreter

Signature

Date

G. DR ALLADA'S STATEMENT

I have explained

- the patient's condition
- the need for treatment
- consequences of not having the treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker
an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute
decision-maker understood the above information.

Christopher Allada

Consultant Cardiologist

Signature

Date