

Informed consent for a conventional stress test

1. What is this?

This is a test for patients with heart disease, or suspected to have disease of the coronary arteries, for diagnostic and prognostic purposes.

2. What is it used for?

It allows the response of the heart to controlled physical exercise to be determined. It can also be used to assess the body's overall capacity in the event of this stress and, if applicable, to measure oxygen consumption.

3. How is it performed?

It is performed by walking on a treadmill, pedalling on an exercise bike or using a specific exercise machine. While you are carrying out this exercise, the speed and/or slope of the treadmill, or the resistance of the exercise bike or exercise machine, are slowly increased at pre-set intervals. Blood pressure, heart rate and an electrocardiogram are monitored throughout this test to analyse changes in them. The test will be halted if any alarming signs or symptoms appear.

4. What risks does it entail?

Signs (high blood pressure) and/or symptoms (muscle tiredness, dizziness, chest pain (angina), leg pain) that will improve or disappear once you stop the physical activity may appear. In some cases of severe heart disease, serious heart rate disorders, syncope and, very occasionally, myocardial infarction or heart failure, may appear; the risk of death is minimal (1 per 10,000 patients).

Other risks or complications that may appear as a result of your personal clinical situation and circumstances include

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In your current clinical state, the benefits derived from performing this test exceed the possible risks. As such, it is recommended that you undergo this test. In the event of any complications, the medical and nursing staff who care for you are fully trained and have all the means needed to resolve them.

5. Are there any other alternatives?

This examination is preferentially indicated in your case.

Before signing this form, please do not hesitate to ask for any doubts or questions you may have to be answered.

Consent

I, Mr./Ms. _____ give my consent for a **STRESS TEST** to be carried out on me.

I have been provided with this information sheet, I have understood the reasons for the procedure and the risks it may entail, and I confirm that I have been duly informed and have had the opportunity to ask any questions I may have in a personal interview with Dr. _____

I have received a satisfactory response to all my questions and have taken this decision in a free and voluntary manner.

In _____, on _____. _____

Witness

National ID No.:
Signed:

Patient

National ID No.:
Signed:

Physician

Dr.:
Licence No.:
Signed:

Legal Representative

National ID No.:
Signed:

Denial or Revocation

I, Mr./Ms. _____ after having being informed of the nature and risks of the procedure proposed, freely and consciously deny/revoke (*delete as applicable*) my consent to said procedure being carried out and assume full responsibility for the consequences that may arise as a result of my decision.

In _____, on _____. _____

Witness

National ID No.:
Signed:

Patient

National ID No.:
Signed:

Physician

Dr.:
Licence No.:
Signed:

Legal Representative

National ID No.:
Signed: