

Virginia Y. Gonzalez, M.D.

PHONE
(318) 338-3540

402 McMILLAN ROAD
WEST MONROE, LOUISIANA 71291

FAX
(318) 338-3542

INFORMED CONSENT FOR EXERCISE TESTING

A cardiac stress test is performed to determine if a person has possible heart problems. Dr. Gonzalez is available while the person walks on a treadmill (or is given medicine) while his or her EKG and blood pressure are monitored. The length of the test is dependent upon multiple factors including the person's age, physical condition, and type of stress test. In most cases, the goal of the test is to achieve a predetermined heart rate that the computer calculates based on the individual's age. The goal for chemical stress testing is to complete administration of a particular medicine. Specific details for individual stress tests will be reviewed with each person prior to beginning the test.

During the treadmill stress test, the speed and incline of the treadmill will increase in difficulty as the test progresses. The person may experience symptoms such as chest discomfort, shortness of breath, dizziness, and/or fatigue. The test is ended if the person requests that the procedure be discontinued, the target heart rate is achieved, or the physician feels enough information has been obtained.

Possible complications for cardiac stress testing include arrhythmias (irregular heart beats), heart attack, fainting, and/or death. Emergency equipment and trained personnel are present during testing should any of these situations occur.

The person's participation for cardiac stress testing is strictly voluntary and may be terminated at any time. Any further questions about the procedure are encouraged.

A 48 hours cancellation notice is required. If 48 hours notice is not given, the patient will be required to pay for any items ordered, such as Nuclear Isotopes. These materials are not covered by your insurance if the test is not performed and you will be expected to reimburse The Cardiovascular Diagnostic Center, APMC.

I have read this form and understand the test procedure to be performed. I acknowledge I have had the opportunity to ask questions about the above procedure and that my questions have been answered to my satisfaction. I understand my consent to participate in this test is voluntary.

Patient Instructions

- 1) DO NOT eat or drink anything after midnight the night before your test.
- 2) NO MEDICATIONS. If diabetic-DO NOT take Insulin or any diabetic medication. Do not take caffeine products.
- 3) Wear comfortable clothes and shoes for walking on the treadmill.
- 4) This test has 3 parts-be prepared to wait 3 to 4 hours.
- 5) If you are scheduled for the afternoon, you may have a light breakfast.

Signature of patient/guardian

Date

Referring Physician

Date

Witness

Date

Reason for Stress Test

Physician

Date