



**ONTARIO
HEART CENTER**
ALWAYS CARING FOR YOU

TREADMILL EXERCISE TEST

PATIENT'S INFORMED CONSENT FORM

RISKS OF STRESS TEST

Clinical exercise stress testing is usually performed in patients with known or suspected coronary artery disease. While every effort will be made to minimize the risks of the procedure, there is a small risk of complications of which you should be aware. Emergency equipment and trained personnel are available to deal with any complications which may arise.

Serious potential complications include: the possibility of a disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina, or the development of a heart attack. The risk of one of these developing is approximately 2 or 3 in 10,000. There is also a very small risk of death occurring as a result of an exercise test. The chance of this is approximately 1 in 10,000.

INFORMED CONSENT:

I, ----- hereby consent to Dr. -----

and / or whomever he/she may designate/ require as his assistant to administer such treatment as is necessary and to perform the following procedure, Exercise Stress Test/ Stress Echocardiography, for which I presented myself and such additional operations or procedures as are considered necessary on the basis of findings during the course of said testing on myself

or ----- (name of patient).

I certify that I have read carefully and fully understand the above consent.

Testing date: ----- day of ----- , 2017 at time-----

Patient's signature or Legal representative -----

Translator's signature -----

Witness signature -----