Cabrillo Cardiology Med Group INC
2241 Wankel Way Suite C
Oxnard CA 93030
805-983-0922

CONSENT FOR STRESS TEST

Your physician has advised you to have a stress test for the purpose of obtaining information regarding the structure and function of your heart. It is hoped that this information will help to arrive at a more definite diagnosis, or to make recommendations concerning your future care.

For this test, small pads (electrodes) are placed on the chest. The electrodes are connected to an electrocardiographic (ECG) machine so the heart tracing can be contained in the resting and active states. Different levels of exercise appropriate to your age and condition will be conducted under careful guidance of the cardiologist and the assisting technologist. For those care instances of untoward side effects of exercise, sophisticated equipment and medication are available, although they are rarely necessary. Serious side effects, resulting during or after this test, are very unusual. Such complications include undesirable heart rhythms and heart attack. At times, chest pain is desirable to judge the degree of activity that induces this pain in everyday life. You are requested to report the occurrence of pain or other discomfort at the onset to the cardiologist.

The frequency of a serious heart attack in patients having stress testing has been judged to be approximately 1/10,000. There are possible minor side effects and complications, but it would be impractical and misleading to describe them here. Your physician has considered the very small risk involved and feels that the information to be obtained outweighs the risk of this procedure

If you have special concerns or questions, the cardiologist performing the procedure will be happy to answer them before proceeding. If you agree to this procedure, please print your name in the space below and sign your name the bottom of the page.

"I _____ have read and understand the above information and give my consent to undergo stress testing."

Signature: _____ Date: _____

Witness: _____ Date: _____