

Northside Cardiology, PC
5670 Peachtree Dunwoody Road, STE 880 • Atlanta, GA 30342
610 Peachtree Parkway Suite 100 Cumming, GA 30041
404.256.2525 • Fax 404.845.4720 www.nscatl.com

Barry D. Silverman, MD, FACC, FACP • Jack P. Chen, MD, FACC, FCCP • Michael A. Balk, MD, FACC
Van Crisco, MD, FACC • Narendra Singh, MD, FACC, FAHA • Nabeel Hafeez, MD • Kimberly Champney, MD

Exercise Treadmill and Stress Echo Consent Form

Date: _____

Patient: _____ Medical Record Number: _____

I, for myself, or for the patient named above, do hereby consent to and authorize the performance of the following diagnostic procedure which may be done, ordered or directed by my physician and/or such assistants as may be chosen by NORTHSIDE CARDIOLOGY, PC including Northside Cardiology, PC staff.

I understand that stress testing is done to assess whether I have coronary artery disease (a blockage of blood flow to the heart), rhythm disturbances of the heart, or to assess my safe exercise capacity.

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THE TREADMILL EXERCISE TEST

DESCRIPTION: The treadmill exercise test includes walking and/or jogging on a moving belt for the purpose of testing the function of the heart and the blood supply to the heart. Preparation for the test includes shaving the chest (if warranted), rubbing the chest with alcohol and abrasive material which may cause some skin irritation.

RISKS: There exists the possibility of certain changes occurring during the test, they include abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contact solutions, the use of x-rays, needles and catheters.

ALTERNATIVES: I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

Initial _____

THE DOBUTAMINE STRESS ECHO

DESCRIPTION: The test will be performed while lying on a bed. Preparation for the test involves placing an intravenous line (IV) in your arm, rubbing and/or shaving the chest (if warranted) with alcohol and abrasive material. This may cause some skin irritation. During the exam a medicine, Dobutamine, is injected into the IV by the nurse to increase the rate and force of your heartbeat (similar to what happens during exercise). It will be increased about every three minutes until the desired heart rate is reached. The medicine may cause a pounding sensation in your chest; this is normal. Rarely, palpitations, a feeling of warmth or flushing, nausea, headache or abdominal discomfort may be noted. All of these signs generally stop once the drug is stopped. In addition Dobutamine has no lasting effects. It should wear off within 10 to 15 minutes after being stopped. There is also the possibility that other medications will be administered such as Atropine (used to help increase the heart rate) and Optison (used to help visualize the heart wall). During the exam, your blood pressure will be checked every 2 to 3 minutes. The echocardiogram uses high frequency sound waves (ultrasound) to look at how the various parts of the heart work, at rest, and after stress.

RISKS: There exists the possibility of certain changes occurring during the test, they include: abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contact solutions, the use of x-rays, needles and catheters.

ALTERNATIVES: I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

Initial _____

☐ THE EXERCISE STRESS ECHO

DESCRIPTION: The exercise stress echo test includes walking and/or jogging on a moving belt for the purpose of testing the function of the heart and the blood supply to the heart. Preparation for the test includes shaving the chest (if warranted), rubbing the chest are with alcohol and abrasive material. This may cause some skin irritation. During the exam, your blood pressure will be checked every 2 to 3 minutes. The echocardiogram uses high frequency sound waves (ultrasound) to look at how the various parts of the heart work, at rest, and after stress.

RISKS: There exists the possibility of certain changes occurring during the test, they include: abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contact solutions, the use of x-rays, needles and catheters.

ALTERNATIVES I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

Initial _____

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1. The procedure listed above has been explained to me, and any questions I may have, have been answered to my satisfaction. I understand the nature and consequence of such testing.
2. I recognize that unforeseen conditions arising during the course of the procedure listed above, any necessitate additional or different procedures or an extension of those procedures set forth. I further authorize and request that the above named physician, his assistants, or his designees performs such additional or different procedures as are in their professional judgement necessary and desirable, including, but not limited to, procedures involving pathology and radiology.
3. I understand that stress tests are not prefect. They do not identify early plaque buildup; which can still lead to unstable angina, heart attack, or sudden death.
4. I understand that at any time I have the right to refuse further intervention/testing.

Witness

Signature of patient or legal representative

Date

Time AM/PM

Relationship to patient if not the patient