



**NORTH PHOENIX HEART CENTER**  
THE VALLEY'S PREMIERE CARDIOLOGY GROUP

**STRESS TEST**

In order to determine an appropriate plan of treatment or establish a proper diagnosis, I hereby consent to engage voluntarily in an exercise stress test to determine the state of my heart and circulation. The information obtained will help to aid my physician in advising me as to the activities in which I may engage as well.

Before I undergo the test a physician, nurse practitioner or trained cardiovascular technician will monitor my pulse, blood pressure and electrocardiogram readings.

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, irregular heart beat and in very rare instances a heart attack. Every effort will be taken to minimize these changes through the preliminary exam and close observation.

Emergency equipment and trained personnel are available to deal with any unusual situation that may arise.

The information obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed written consent. However, the information obtained may be used for statistical or scientific purposes with my right of privacy retained.

During the test family members are not allowed in the exam room. This policy is enforced to protect both the patient and family members should a medical emergency arise. Please let us know if there is someone you would like brought in after your test is completed.

I have read the foregoing and understand it. Any questions have been answered to my satisfaction. I acknowledge that no guarantee or assurance has been given me by anyone as to the results of my test.

**Female Patients: Patient confirms that she is not pregnant or breastfeeding: Date \_\_\_\_\_ Tech \_\_\_\_\_**

Patient Name : \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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