



NORTH PHOENIX HEART CENTER
 THE VALLEY'S PREMIERE CARDIOLOGY GROUP

TREADMILL 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 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 or nurse practitioner will examine me to determine if I have a condition that would indicate that I should not engage in this test.

The test that I will undergo will be performed on a treadmill with the amount of effort increasing gradually. This increase in effort will continue until the desired heart rate is achieved or symptoms occur such as fatigue, shortness of breath or chest discomfort that may indicate to the physician or nurse practitioner that the test should be stopped.

During the performance of the test a physician, nurse practitioner or trained observer 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 room but will be brought in immediately following the completion of the test to review the results. 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.

Patient Name : _____ Date: _____

Signature: _____ Witness: _____

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