



CARDIAC & VASCULAR CENTER
OF NORTH TEXAS

CARDIAC STRESS TESTING

PATIENT CONSENT

I hereby consent to voluntarily engage in a test to help determine the state of my heart and circulation. I will be examined and interviewed by a physician before this test in order to determine the best and safest test to perform in my case. After this exam I will undergo one of these techniques for testing the heart:

1. EXERCISE TREADMILL STRESS TEST:

This involves progressive exercise with gradually increasing levels of difficulty until you cannot exercise any further, or until your physician tells you to stop. You may experience fatigue, leg cramps or pain, chest tightness, shortness of breath, or other symptoms due to lack of adequate circulation.

2. ADENOSINE STRESS TEST:

This involves the infusion of a drug called "Adenosine" in your arm veins for a period of 6 minutes. This drug may cause a sensation of warmth or flushing, chest tightness or pain, shortness of breath, dizziness, headache, or other sensations that may be unpleasant. These effects are very short-lived, and will stop within minutes in most people after drug is discontinued, or they can be reversed with another drug. HOWEVER; I understand that if I have ASTHMA or SEVERE LUNG DISEASE, or history of ALLERGY TO ADENOSINE, I will inform my physician in advance, and that this MAY EXCLUDE ME from participating in this type of stress test.

3. DOBUTAMINE STRESS TEST:

This involves the infusion of a drug called "Dobutamine" in your arm veins for a period of up to 20 minutes. This drug may cause a rapid pulse, a sense of heart pounding, heart rhythm disturbances, shortness of breath, chest tightness or pain, dizziness, or other sensations that may be unpleasant. These effects are very short-lived, and will stop within minutes in most people after the drug is discontinued, or they can be reversed with another drug.

During the performance of the above tests: I will be monitored by a physician, or his trained observer, who will monitor my blood pressure, electrocardiogram and symptoms. Every effort will be made to eliminate any adverse consequences of the stress test. Emergency equipment and trained personnel will be available to deal with any adverse situation that may arise. However, I understand that although the risk involved to me is very small, it is impossible for my doctors to completely eliminate all risk, and the possibility exists of complications which include: rhythm disorders, abnormal blood pressure, fainting, falling from treadmill, heart attack, or rarely even death.

4. NUCLEAR SCAN:

As part of the performance of all of the above tests, I will receive an intravenous infusion catheter into one of the veins in my arm, through which I will receive two injections, or a small dose of a RADIO-NUCLIDE TRACER, which is a chemical that is taken up by my heart as well as other body organs, which then gives off X-Rays that will be used to take picture of the blood flow in my heart with a specialized camera. The tracers that are used will be excreted naturally by my body. I understand that the radionuclide tracers that are used will cause my body to be exposed to a small amount of radiation for a short period of time, but that these chemicals have been used safely for many years in millions of people. HOWEVER, If I am PREGNANT, or I am actively BREAST FEEDING my child I WILL NOT PARTICIPATE in this type of test and I will notify my doctor in advance.

5. RESTING NUCLEAR SCAN:

This involves receiving an injection of a radionuclide tracer (see above) followed by taking pictures of my heart with a specialized camera, but without undergoing any type of physical or chemical stress testing of the heart.

The information that is obtained will be treated as privileged and confidential and will not be released to any person without my expressed written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right to privacy retained.

I have read and understand the foregoing, and all my questions have been answered to my satisfaction:

Printed Name

Medical Record Number

Witness

Patient Signature

Date