



Cardiovascular Medicine
Eqbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine



**CERTIFIED
CARDIAC DEVICE
SPECIALIST**

PHYSICIAN

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

INFORMED CONSENT FOR EXERCISE EKG STRESS TEST

Office Exercise Electrocardiographic Stress Testing

Patient Name

Date of Birth

Date

Indication / Diagnosis

Ordering / Supervising Clinician

PURPOSE OF THE TEST

An exercise electrocardiographic stress test evaluates how my heart responds to physical exertion. It may help assess symptoms such as chest discomfort, shortness of breath, palpitations, exercise tolerance, blood pressure response, and possible evidence of reduced blood flow to the heart or exercise-induced abnormal heart rhythms.

DESCRIPTION OF THE TEST

Electrodes will be placed on my chest to record an electrocardiogram (EKG/ECG). My heart rhythm and blood pressure will be monitored before, during, and after exercise. I will walk on a treadmill or use another exercise device with progressively increasing workload. I may be asked to exercise until an appropriate target is reached or until symptoms, fatigue, EKG changes, blood pressure changes, rhythm abnormalities, or other clinical reasons require the test to stop.

EXPECTED BENEFITS

Potential benefits include obtaining information about exercise tolerance, symptoms, heart rhythm, blood pressure response, and possible myocardial ischemia that may help guide further evaluation or treatment.

RISKS AND POSSIBLE COMPLICATIONS

- Fatigue, shortness of breath, dizziness, lightheadedness, nausea, headache, or fainting.
- Chest discomfort or angina, palpitations, abnormal blood pressure response, or temporary worsening of symptoms.
- Abnormal heart rhythms, including rapid or slow rhythms; rarely, a dangerous arrhythmia may require emergency treatment.
- Muscle, joint, tendon, or other musculoskeletal injury related to exercise or treadmill use.
- Very rarely, heart attack, stroke, cardiac arrest, or death can occur during or shortly after stress testing.
- The test may be nondiagnostic, falsely positive, or falsely negative and may lead to additional testing.

ALTERNATIVES

Depending on my condition, alternatives may include no stress testing, pharmacologic stress testing, stress imaging with nuclear imaging or echocardiography, coronary CT imaging, ambulatory monitoring, or other cardiac evaluation.

AFTER THE TEST

I will be monitored during recovery until clinically appropriate. I should promptly report persistent or worsening chest pain, severe shortness of breath, fainting, new neurologic symptoms, or other concerning symptoms.



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PATIENT QUESTIONS / ADDITIONAL COMMENTS

PATIENT ACKNOWLEDGMENT AND CONSENT

I have had the purpose, nature, expected benefits, risks, possible complications, and alternatives of the proposed test explained to me. I understand that abnormal findings may require additional testing or treatment and that a normal test does not exclude all heart disease. I have informed the clinical team of my medical conditions, medications, allergies, pregnancy status when applicable, and other relevant information. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to the test described above.

SIGNATURES

Patient / Authorized Representative Signature (type name if electronically signing)

Date / Time

Printed Name

Relationship to Patient (if applicable)

Clinician Signature (type name if electronically signing)

Date / Time

Witness Signature (type name if electronically signing)

Date / Time

Practice template: Review and adapt this form to applicable law, institutional policy, current professional standards, radiopharmaceutical/regadenoson labeling when applicable, and the patient's individual circumstances.