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INFORMED CONSENT FOR STRESS TEST/ STANDARD STRESS/ STRESS ECHO

Information Statement for Patients

PURPOSE OF CONSENT:

In order to evaluate the functional performance, capacity, and pathology of the heart, lungs, and blood vessels, each patient consents, voluntarily, to a Stress Test. Before being tested, a short medical history, baseline electrocardiogram (EKG), and blood pressure will be obtained and recorded. During and Exercise Test, the patient exercises until a target heart rate is achieved or the limits of fatigue, breathlessness, chest pain, and or/other symptoms indicate that the test will be stopped. Blood pressure and electrocardiogram are monitored throughout the test.

RISK and PRECAUTIONS:

Risks of testing are but not limited to; possible changes of the heart, changes in blood pressure, leg and chest discomfort, dizziness, and rare incidence of heart attack. In the event that an emergency situation should occur, emergency treatment is available.

BENEFITS:

Benefits of testing include a quantitative assessment of exercise and pathology of the electrical conduction system and blood flow of the heart. This information can be used by a physician for diagnosis and treatment of their patients.

CONSENT:

Having read this information statement, I hereby willingly consent to be tested and receive care in an emergency situation.

Patient Name: _____ Patient Date of Birth: _____

Patient Signature: _____

Date: _____ Appointment Time: _____

Witness to Patient Signature: _____

Dr. Reddy's Signature: _____ Date: _____

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