

 	Affix Patient Label	
	Patient Name:	DOB:

Informed Consent Cardiopulmonary Exercise Test

This information is given to you so that you can make an informed decision about having a **Cardiopulmonary Exercise Test**

Reason and Purpose of the Procedure:

A Cardiopulmonary Exercise Test shows how your heart responds to exercise. The results will help your doctor understand more about any problems related to your heart or lungs. The test measures your tolerance of exercise. If you feel fatigue, out of breath, chest discomfort, or other symptoms we will stop the test. The test will last a specified period of time.

The test will be monitored by a trained professional. Precautions for your safety will be taken.

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Better understanding the effect of exercise on your breathing and your heart. This can help the doctor decide what treatment may be needed.

Risks of Cardiopulmonary Exercise Testing:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Professional staff will be present. Equipment is available for emergency treatment, if there are problems.

- Fainting, falling, irregularities of heartbeat, wheezing and shortness of breath. You may need treatment.
- Heart attack or death (less than 1 in 10,000 cases). You may need emergency treatment.
- Physical injury can occur. You may need further treatment.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- You may continue to present with symptoms.

Patient Name: _____

DOB: _____

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Respiratory Therapist. My questions have been answered.
- I want to have this procedure: **Cardiopulmonary Exercise Test**
_____.
- Students, technical sales people and other staff may be present during the procedure. My Respiratory Therapist will supervise them.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____