



GWINNETT INTERNAL MEDICINE ASSOCIATES

Primary Care • Geriatrics • Women Wellness

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### Patient's Informed Consent for Treadmill Exercise Test

In order to estimate how well my heart, lungs and blood vessels perform, I hereby voluntarily consent to perform a treadmill exercise stress test at GWINNETT INTERNAL MEDICINE ASSOCIATES. I understand that a medical assistant/physician trained in cardiopulmonary resuscitation and exercise testing will question me and answer my questions, examine me and review my electrocardiogram to find any conditions that would make this test unusually hazardous for me. If there is any question of unusual risk, a physician/cardiologist will check my findings and decide whether the test should be done. During the test, I will walk uphill on a treadmill with the speed and slope increasing every few minutes. The test will stop when I signal that I am quite tired, short of breath, or if I develop pain in the chest of the type that usually compels me to stop what I am doing. The medical assistant/physician may stop the test sooner if his/her observations suggest it is unnecessary or unwise to continue. During the test, my blood pressure and electrocardiogram will be taken.

The risks involved include: Slow or very rapid heart beats, irregular heart beats, or large changes in blood pressure. These can seriously reduce circulation and they may signal the medical assistant/physician to stop the test. Fainting is very rare. If any of these things happen, they usually can be controlled quickly and safely by treatments available within the room.

My benefits from taking this test come from knowing how much I can do with reasonable safety, what kind of treatment might help me and in general, what my future prospects are. My right to withdraw from the test at any time and to withhold my information from non-medical persons (such as employers or insurance agencies) without my additional consent are protected. My welfare is protected by the presence of the medical assistant/physician. A physician is immediately available before and during the test along with the availability of emergency treatment if the need arises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Medical Assistant/Physician Supervising Test)