



Instructions for Treadmill Stress Test

1. Wear comfortable clothing such as loose pants or walking shorts with a button-down blouse or shirt. **DO NOT** wear jumpsuits, overalls, or dresses.
2. Be sure to wear tennis shoes or walking shoes. **DO NOT** wear high heels or sandals.
3. Continue medications that your doctor prescribes for you unless otherwise instructed.
4. If you take a beta blocker medication [e.g. carvedilol (Coreg), metoprolol (Toprol, Lopressor), bisoprolol (Zebeta), atenolol (Tenormin), propranolol (Inderal)], **DO NOT** take them for 48 hours before the test, unless otherwise instructed by your physician.
5. If you take a calcium channel blocker medication [e.g. verapamil (Isoptin), diltiazem (Cardizem)], **DO NOT** take them for 24 hours before the test, unless otherwise instructed by your physician.
6. **DO NOT** eat a heavy meal prior to testing and avoid all caffeinated beverages.
7. If you have diabetes, take your medication on schedule, and eat your meals at the usual time.
8. **DO NOT** smoke for at least 2 hours prior to testing, better yet do not smoke at all!
9. **DO NOT** apply lotion, powder, or oil to the chest area as this will interfere with testing.
10. Please bring an interpreter with you if you do not speak English or Spanish.



Consent for Exercise Testing

I hereby consent to engage voluntarily in an exercise test to determine the state of my heart and circulation.

The test, which I will undergo, will be performed on a programmed treadmill, with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, which would indicate to me to stop. During the performance of the test, a physician or his trained observer will keep under surveillance my pulse, blood pressure, and electrocardiogram. There exists the possibility of certain changes occurring during the exercise test. These include abnormal blood pressure, fainting, disorders of the heartbeat, and in rare instances heart attack. Every effort will be made to minimize the rise of these complications. Emergency equipment and trained personnel are available to deal with unusual situations that may occur.

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

I have read the foregoing and understand it. Any questions that may have occurred to me have been answered to my satisfaction.

Signed: _____ Date: _____