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## Treadmill Stress Test Consent

I, \_\_\_\_\_, authorize the SWICFT Institute and staff to measure my fitness level, to determine the presence of clinically significant blockage or narrowing of the arteries that supply the heart muscle with blood and oxygen and to evaluate the effectiveness of my current therapy.

I understand that I will walk on a treadmill during the test. My EKG will be monitored; my blood pressure will be monitored, measured, and recorded at the appropriate intervals. Exercise will be progressively increased until I attain a predetermined heart rate corresponding to my age and physical condition. Said test will also be discontinued if I become distressed or develop any abnormal response that the physician considers significant.

Every effort will be made to conduct the test in such a way as to minimize discomfort or risk. However, I understand that as with most diagnostic tests, there are potential risks (approx 2-3 of every 10,000). These can include: lightheadedness, fainting, arrhythmias, and very rarely, the possibility of heart attack, and most rarely, even death. I further understand the SWICFT Institute is properly equipped and licensed to administer any emergency care necessary. I voluntarily accept the risks associated with the above procedure.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Referring Physician \_\_\_\_\_

(if applicable)