

	CONSENT FORM FOR STRESS TEST		Ver.	Rev.	01
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1. Health Condition and Proposed Procedure

Your physician has explained your current medical condition. It is:

2. Diagnosis:

This condition requires the above-mentioned procedure to carry out a proper diagnosis. Before starting the test, a resting EKG (electrocardiogram) will be performed. Subsequently, your heart will be stressed by engaging in physical activity using a treadmill. If you can walk comfortably, you will be asked to walk on the treadmill. The speed and incline of the treadmill will be adjusted at regular intervals to increase the effort required from your heart. The test will be stopped if you experience chest pain, extreme fatigue, or difficulty breathing. If you feel unwell at any point, it is crucial to inform the medical staff immediately.

3. Risks of the Exercise Stress Test

This examination procedure carries potential risks and complications. These include, but are not limited to:

Common Risks and Complications (more than 5%):

- Dry throat.
- Shortness of breath.
- Muscle pain.

Rare Risks and Complications (1-5%):

- Low blood pressure.

Very Rare Risks and Complications (less than 1%):

- Weakness.
- Persistent abnormal heart rhythm requiring defibrillation to correct.
- Fluid accumulation in the lungs, which may necessitate further treatment and medication.
- Severe chest pain, requiring additional treatments and medications.
- Heart attack.
- Death, as a result of complications during this procedure, is extremely rare.

4. Risks of Not Undergoing the Procedure

The physician should specify the risks of not performing this procedure in the space below. Additional notes can be included in the medical record if necessary.

5. Patient Consent

I acknowledge that the physician has explained:

- My medical condition and the proposed diagnostic procedure, including any further treatments if unforeseen findings arise. I understand the risks, including those specific to me.
- Alternative procedures/treatments and their associated risks.
- The potential progression of my medical condition and the risks of not undergoing this procedure.

I confirm that I have had the opportunity to ask questions and discuss my health condition, the proposed diagnostic procedure, its risks, and potential treatments. My questions and concerns have been addressed satisfactorily.

I understand that I have the right to change my mind at any time, even after signing this form.

I am aware that photographs or recordings may be taken during this procedure to assist the physician in diagnosing my condition.

6. Patient Declaration

Based on the information provided, I voluntarily consent to undergo the proposed stress test procedure.

Patient Name: _____

Signature: _____

Date: ____/____/____

7. Physician Declaration

I confirm that I have thoroughly explained the procedure, including its purpose, potential risks, and alternatives, to the patient. I believe the patient has understood the provided information.

Physician Name: _____

Signature: _____

Date: ____/____/____