



Exercise Stress Test

What is it?

An exercise stress test records your heart's electrical activity whilst under the strain of exercise (walking on a treadmill). The treadmill will increase in speed and slope at specific intervals and your heart rate, blood pressure and electrocardiogram (ECG) will be continually monitored. A cardiologist and a cardiac technician will be present at all times. This test takes approximately 30 minutes.

Preparation

There is no specific preparation required.

- **Men** should wear comfortable two-piece clothing allowing access to the chest area and comfortable walking shoes/runners. Areas of chest hair may need to be shaved to allow the electrodes to adhere to the skin. If required a technician will do this at the time of the test.
- **Ladies** should wear comfortable two-piece clothing allowing access to the chest area and comfortable walking shoes/runners. A loose fitting gown will be provided.

What to bring on the day

You will need to bring

- Medicare card
- A current referral from your GP or specialist
- Any concession or health insurance cards

Results

The cardiologist will verbally provide you with the results at the end of the test and your results will be forwarded to your referring doctor usually within 24-48 hours. If the cardiologist dictates a letter, this will be sent at a later time.

Risks

This test is usually performed on patients with known or suspected coronary artery disease, therefore there is a minimal risk of complication.

A major potential complication is suffering a heart attack during exercise testing. The risk of this occurring is rare and death has very rarely been reported (1 in 10,000). The room is equipped with experienced staff and emergency equipment should an emergency situation arise.

**FULL PAYMENT WILL BE REQUIRED
ON THE DAY OF THE TEST**

If you need any further information please phone (08) 8297 6888 or visit our website at

saheart.com.au

Consent

I, (Patient Name) _____

born (Date of Birth) ____/____/____

have read and understood the risks of Exercise Stress Test and consent to the procedure.

Sign:

Witness:

(Patient or Legal Representative)

Date:

____/____/____

Patient ID (office use only)

Please return this consent at your earliest convenience