**Cardiopulmonary Exercise Stress Test**

**A. Interpreter / cultural needs**

<table>
<thead>
<tr>
<th>An Interpreter Service is required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, is a qualified Interpreter present?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A Cultural Support Person is required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, is a Cultural Support Person present?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B. Condition and treatment**

The doctor has explained that you have the following condition: *(Doctor to document in patient’s own words)*

This condition requires the following investigation. *(Doctor to document - include site and/or side where relevant to the procedure)*

The following will be performed on an exercise bike:

At the start, electrocardiogram (ECG) leads are put on your chest to monitor your heart during the test. A device is attached to your finger to monitor your oxygen level during the test. Your blood pressure will be measured.

You will pedal the exercise bike at a set speed. The bike becomes harder to pedal each minute of the test. Pedal until you are tired or unable to continue.

You are asked to:
- show how breathless you are and how tired your legs are by pointing to a chart.
- mention if you have chest pain, dizziness or discomfort during the test. If any problems arise the test may be stopped.

At the end of the test, continue to pedal at a slower rate to reduce the risk of fainting. If you feel unwell at any stage of the procedure, you should tell staff at once.

**C. Risks of a cardiopulmonary exercise stress test**

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead.

There are risks and complications with this investigation. They include but are not limited to the following.

**Common risks and complications (more than 5%)** include:
- Mild angina.
- Shortness of breath.
- Musculoskeletal discomfort.

**Uncommon risks and complications (1-5%)** include:
- Low blood pressure.
- Chest pain. This is treated with medications.

**Rare risks and complications (less than 1%)** include:
- Fainting.
- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Heart attack.
- Death as a result of this procedure is extremely rare.

**D. Significant risks and investigation options**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

**E. Risks of not having this investigation**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*
I request to have the investigation

Name of Patient: __________________________________________
Signature: _______________________________________________
Date: ___________________________________________________

**Patients who lack capacity to provide consent**

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?
- [ ] Yes
- [ ] No

Location of the original or certified copy of the AHD:

Name of Substitute Decision Maker/s:

Signature: _______________________________________________
Relationship to patient: ___________________________________
Date: ___________________ PH No: _________________________

**Source of decision making authority** (tick one):
- [ ] Tribunal-appointed Guardian
- [ ] Attorney/s for health matters under Enduring Power of Attorney or AHD
- [ ] Statutory Health Attorney
- [ ] If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (F) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ___________________________________
Designation: ______________________________________________
Signature: _____________________________________________
Date: ___________________________________________________

H. Interpreter’s statement

I have given a sight translation in

_________________________________________________________

*(state the patient’s language here)* of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _______________________________________
Signature: _______________________________________________
Date: ___________________________________________________
1. **What is a cardiopulmonary exercise stress test?**

This test measures how your heart and lungs respond to exercise. The test can help tell us:
- the level to which you can exercise
- if there are problems affecting your ability to exercise and how your condition is changing with time or with treatment

This test is performed on an exercise bike.

At the start, electrocardiogram (ECG) leads are put on your chest to monitor your heart during the test. A device is attached to your finger to monitor your oxygen level during the test. Your blood pressure will be measured.

You will be asked to:
- show how breathless you are and how tired your legs are by pointing to a chart.
- mention if you have chest pain, dizziness or discomfort during the test. If any problems arise the test may be stopped.

At the end of the test continue to pedal at a slower rate to reduce the risk of fainting. If you feel unwell at any stage of the procedure you should tell staff at once.

2. **What are the risks of this specific procedure?**

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead.

There are risks and complications with this investigation. They include but are not limited to the following.

**Common risks and complications (more than 5%)** include:
- Mild angina.
- Shortness of breath.
- Musculoskeletal discomfort.

**Uncommon risks and complications (1-5%)** include:
- Low blood pressure.
- Chest pain. This is treated with medications.

**Rare risks and complications (less than 1%)** include:
- Fainting.
- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Heart attack.
- Death as a result of this procedure is extremely rare.

**Notes to talk to my doctor about:**