



Informed Consent for Exercise Treatment

I, _____, desire to engage voluntarily in the Outpatient Cardiopulmonary Rehabilitation Program in order to attempt to improve my cardiopulmonary function. This program has been recommended to me by my physician, Doctor _____.

Before I enter this exercise program I will have a clinical evaluation. The purpose of this evaluation is to attempt to detect any condition which indicates that I should not engage in this exercise program.

I understand that activities are designed to place a gradually increasing workload on the cardiopulmonary system and to thereby attempt to improve its function. The reaction of the cardiopulmonary system to such activities cannot be predicted with complete accuracy. There is the risk of changes occurring during or following exercise. These changes include abnormalities of blood pressure, heart rate, ineffective "heart function", and possibly, "heart attacks" or "cardiac arrest".

I realize that it is necessary for me to promptly report to the supervisor of exercises any signs or symptoms indicating any abnormality or distress. I consent to the administration of any immediate resuscitation measures deemed advisable by the supervisor of exercise or his or her designees.

I understand that my results will become part of my clinical record and that strict confidentiality will be kept at all times. However, during the course of rehabilitation it may become necessary for the supervisor of exercise to verbally communicate across the room to the nurse my vital signs such as, but not limited to, heart rate and blood pressure. I consent to this practice.

I, _____, certify that I have read and fully understand the above consent form, that the explanations therein referred to were made and any questions which have arisen or occurred to me have been answered to my satisfaction. I voluntarily consent to participate in this program.

Patient's Signature: _____ **Date:** _____

I have witnessed the signing of this consent form by the patient. I have been assured by the person that the signing of this consent form has been done freely and voluntarily.

Witness's Signature: _____ **Date:** _____

I have explained the nature, purpose, benefits and risks of this procedure. I have offered to and have fully answered any questions. I believe that the patient fully understands my explanation and has freely given informed consent.

Clinician's Signature: _____ **Date:** _____