

# OUTPATIENT INFORMED CONSENT FOR MONITORED EXERCISE TREATMENT

I, \_\_\_\_\_, desire to engage in voluntary exercise treatment in order to improve my cardiovascular or cardiopulmonary function. I have been referred by my physician, Dr. \_\_\_\_\_.

The amount of exercise will be regulated on the basis of my tolerance. The activities are designed to place a gradually increasing workload on the circulation or breathing and thereby to improve the function of these systems. The reaction of the cardiovascular or cardiopulmonary systems to such activities cannot be predicted with complete accuracy. There is the risk of certain changes occurring during or following exercise. These changes can include abnormalities of blood pressure, heart or respiratory rate, oxygen saturation, ineffective heart or lung function, and, in rare instances, heart attacks and cardiac or respiratory arrest.

Before starting the program, I will be instructed as to the signs and symptoms which I should report promptly to the licensed nurse or therapist and which will alert me to modify or stop my activities. I also will be observed by the licensed nurse or therapist who will be alert to changes, which would suggest that I modify or stop my exercise.

Every effort will be made to avoid such events by the preliminary medical examination and by observation before, during, and after the exercise sessions. Emergency equipment and trained personnel are available to deal with and to minimize the dangers of untoward events should they occur.

I have read the above and I understand it. Any questions have been answered to my satisfaction.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time

BAR CODE



CO1154

  
**SUMMERLIN HOSPITAL**  
MEDICAL CENTER  
**OUTPATIENT INFORMED  
CONSENT FOR MONITORED  
EXERCISE TREATMENT**  
(PMM# 47561) (R 1/14) (FOD)

PATIENT IDENTIFICATION