

Nature of Proposed Cardiac Rehabilitation Program:

In order to improve my physical capacity and increase my knowledge of coronary artery disease and recommended lifestyle changes, I hereby consent to enter a cardiac rehabilitation program that will include cardiovascular monitoring, physical exercise and educational classes outlining diet/weight management, smoking cessation, medication management, lipid management, benefits of exercise, and stress management.

I will receive instruction regarding the amount and intensity of exercise that I should do. Qualified Registered Nurses and Exercise Physiologists will direct my activities and monitor my heart rhythm and blood pressure. I understand that I am expected to attend every session and to follow physician and staff instructions regarding my medications, as well as inform staff of changes in medication and/or changes in my condition. I have been informed to report to staff, pain or discomfort or any condition requiring to stop exercise. I also understand that staff may reduce or stop my exercise program when observations indicate that this should be done for my safety and benefit.

Risks Associated with Exercise:

I have been informed by my referring physician that during exercise there exists the possibility that adverse changes may occur, including abnormal changes in blood pressure, fainting, disorders of heart rhythm and, in very rare instances heart attack, stroke, or death. I have also been informed that emergency equipment and personnel are available to deal with any medical emergencies. I acknowledge above stated risks as a result of my exercises and it is my desire to participate as herein indicated.

Benefits to Be Expected:

I understand that this medical treatment may or may not benefit my health status or physical fitness. Generally, participation will help me determine what recreational and occupational activities I can safely do. Many patients participating in cardiac rehabilitation programs show a marked improvement in their capacity to do physical work and achieve a high proficiency in managing their risk factors.

Reasonable Alternatives:

I was informed of alternative treatment to Cardiac Rehabilitation, such as participation at a local health club, the YMCA or a self-directed exercise program. To assist in risk factor reduction for coronary artery disease, community programs or online education may be utilized.

Risk Associated with Medically Unsupervised Exercise / Education:

I understand that I will have no exercise guidelines or medical supervision while exercising, such as monitoring of my heart rhythm, medical management of symptoms, or emergencies. Community based risk factor education classes may be too general in content as to affect specific lifestyle/behavior changes needed to reduce my risk for coronary artery disease.

Confidentiality and Use of Information.

I have been informed that the information obtained from this cardiac rehabilitation program will be treated as privileged and confidential, and will not be released to any person without my written consent. I do, however, agree to the use of any information for research and statistical purposes, as long as it does not identify my person or provide facts leading to my identification.

Inquiries and Freedom of Consent.

I have been given the opportunity to ask questions as to the procedures in this program. I further understand that the complete accounting of all remote risks is not entirely possible, and I am satisfied with the review of these risks that was provided to me by my referring physician and it is my desire to participate. I have read this document in its entirety, or it has been read to me, and I consent to the rendition of all services and procedures as explained herein by all program personnel and my referring physician.

Physician's Signature _____ Date _____ Time _____

Patient's Signature _____ Date _____ Time _____

Witness's Signature _____ Date _____ Time _____

Copy to patient upon request.



+ CATHOLIC HEALTH INITIATIVES

Franciscan Health System

St. Joseph Medical Center, Tacoma, WA
 St. Francis Hospital, Federal Way, WA
 St. Clare Hospital, Lakewood, WA
 St. Elizabeth Hospital, Enumclaw, WA
 St. Anthony Hospital, Gig Harbor, WA

**INFORMED CONSENT
CARDIAC REHABILITATION PATIENTS**