

NAME :

DATE:

Informed Consent for Participation in Cardiac Rehabilitation Program



1. Explanation of Outpatient Cardiac Rehabilitation Program

You will be placed in a rehabilitation program that will include physical exercises, educational activities, and other health-related services. The levels of exercise that you will undertake will be based on your cardiovascular response to an exercise test and other clinical information. You will be given clear instructions regarding the amount and kind of regular exercise you should do. The program staff, depending on your progress, may adjust your exercise sessions. This program is 6 months in length, and you will undergo a re-evaluation with a graded exercise test 3 months after the initiation of the rehabilitation program, and 3 months thereafter, at the end of the program. Other tests may be recommended as needed.

2. Monitoring



Your blood pressure will be monitored as required. You agree to learn to count your own pulse rate and record it before, during, and after each exercise session, as instructed by program staff members. You agree to report to the rehabilitation staff any unusual or worsened symptoms associated with your exercise program. These include and but are not limited to unusual shortness of breath with low level activity, pain, pressure, tightness, unusually fast, slow or irregular heart rate, faintness or dizziness.

3. Participant Risks and Discomforts



There exists the possibility of certain changes occurring during exercise sessions. These include abnormal blood pressure response, fainting, irregular, fast or slow heart rhythm, and in very rare instances, heart attack (1 per 294,000 hours of exercise), stroke, or death (1 per 784,000 hours of exercise). Every effort will be made to minimize those risks by provision of appropriate exercise instruction and supervision. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

4. Benefits to be Expected



Exercise has been recommended as a routine part of the treatment for all heart patients and has been shown to have several benefits including improvement in physical capacity, risk factors for heart disease and likely longevity. Overall, the benefits of exercise far outweigh the risks. Participation in the rehabilitation program may help to evaluate which activities you may safely engage in during your daily life. No assurance can be given that the rehabilitation program will increase your exercise tolerance, although considerable evidence shows improvement is usually achieved.

5. Responsibility of the Participant

To promote your safety and gain benefit, you must give priority to regular attendance and adherence to the prescribed intensity, duration, frequency, progression, and type of activity. To achieve the best possible care:



DO NOT:

- Withhold any information pertinent to symptoms from any staff member.
- Exceed your target heart rate.
- Exercise when you do not feel well.
- Exercise within 2 hours after eating or using tobacco products or alcohol.
- Use extremely hot water during showering after exercise.

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DO:

- Report any unusual symptoms that you experience before, during, or after exercise. (You may help assure the safety and well-being of others in the program if you would also report any unusual symptoms you notice in others.)
- Check in with the staff after showering/dressing before leaving the gym.
- Follow, without exception, all recommendations made by staff concerning the limits on any exercise, weight control, or health-related activities that you may be encouraged to do and document by recordings.
- Attend the interactive education workshops regularly, which have been designed so the participants get the most out of their time with the rehabilitation program. These are just as important to attend as the exercise sessions.
- I understand that the facility maintains a strict scent-free policy (no use of hairspray, perfume, body spray, scented deodorant, etc.)

I will regularly attend classes on _____. My program will be _____ weeks long. My start date is _____ and my estimated end date is _____. I know that classes will begin promptly at _____ and will end at _____. I understand that for safety reasons, I am not to begin exercising without staff supervision.

I understand that if I miss class for any reason that *2 classes will be made up if I am here for 3 months and 4 classes will be made up if I am here for 6 months.* I understand that I will be withdrawn from the classes if I do not attend class for 2 consecutive weeks without notification. I will phone the program to notify of absence. (* We have patients waiting to enter the class and have to abide by attention to attendance.)

The staff understands that due to other medical concerns or issues, it may be necessary for me to be absent for more than 2 weeks, staff are able to accommodate this request for up to a maximum of 6 weeks. I understand that if I cannot return to the program within the 6 weeks of being "on-hold" I will forfeit my exercise class spot. I accept that I may have to wait until there is a spot available to re-enter the program. I am also aware that after the 6 weeks deferral, I can continue to be "on-hold" for an additional 8 weeks before being withdrawn from the program.

6. Use of Medical Records

The information that is obtained while you are a participant in the Cardiac Rehabilitation Program will be treated as privileged and confidential. It is not to be released or revealed to any person except your referring physician without your written consent. The information obtained, however, may be used for statistical analysis or scientific purposes with your right to privacy retained.

7. Inquiries

Any questions about the rehabilitation program are welcome. If you have any doubts or questions, please ask us for further explanation. You can contact us in person or by phone. Address: 1234 Address Here Rd. City, ON 1x1 1x1 Phone: xxx-xxx-xxxx



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8. Freedom of Consent

I agree to voluntarily participate in the Cardiac Rehabilitation Program. I understand that I am free to deny any consent if I so desire, both now and at any point in the program.



I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Rehabilitation Program in which I will be engaged. I accept the risks, rules, and regulations set forth and I understand and appreciate the consequences of my decision. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to treatment and participation in this Rehabilitation Program.

Date

Signature of Participant

Name of Participant (Print)

Date

Signature of Witness

Name of Witness (Print)