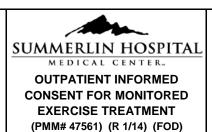
OUTPATIENT INFORMED CONSENT FOR MONITORED EXERCISE TREATMENT

l,, desire to enga	ge in voluntary exercise treatment
in order to improve my cardiovascular or cardiopulmonary function. I physician, Dr	have been referred by my
The amount of exercise will be regulated on the basis of my tolerance place a gradually increasing workload on the circulation or breathing function of these systems. The reaction of the cardiovascular or cardinactivities cannot be predicted with complete accuracy. There is the risduring or following exercise. These changes can include abnormalities respiratory rate, oxygen saturation, ineffective heart or lung function, attacks and cardiac or respiratory arrest.	and thereby to improve the iopulmonary systems to such sk of certain changes occurring as of blood pressure, heart or
Before starting the program, I will be instructed as to the signs and sy promptly to the licensed nurse or therapist and which will alert me to will be observed by the licensed nurse or therapist who will be alert to that I modify or stop my exercise.	modify or stop my activities. I also
Every effort will be made to avoid such events by the preliminary medobservation before, during, and after the exercise sessions. Emergent personnel are available to deal with and to minimize the dangers of u	ncy equipment and trained
I have read the above and I understand it. Any questions have been a	answered to my satisfaction.
Patient Signature	Date/Time
Witness Signature	Date/Time

BAR CODE



CO1154



PATIENT IDENTIFICATION