

Echocardiogram test

Information and consent form



What is the purpose of the test?

An echocardiogram is used to study the structure and function of the heart. It uses sound waves (ultrasound) to form a number of images of the heart. The results are useful in evaluating the size of the different chambers of the heart, the quality of the valves, the heart's pumping ability and in identifying other problems of the heart that will help your doctor reach a diagnosis.

What does the test involve??

This test is performed by a sonographer, is not painful and takes approximately 30 minutes. While lying on your side, the sonographer will move a transducer with gel across your chest. Occasionally, you may need to hold your breath to allow a better view of your heart. A number of images will be taken to capture a full view of your heart and our cardiologist will use these images to complete his/her report.

Do I need to prepare?

Please wear clothing that is easy to remove as the sonographer will need to access your chest. A gown will be available to wear during the test.

Are there any risks associated with this test?

There are no known or proven adverse effects from an echocardiogram. We use hypoallergenic, water soluble gel which will not injure or irritate the skin. The ultrasound waves cannot be felt and cause no harm, however you may feel low-level heat at the point of contact, where the transducer touches your skin. This is temporary.

Results

Following your test, our cardiologist will review the sonographer's findings and prepare a report. Results will be available within 48hrs (unless it is a weekend) and sent to your referring practitioner. Our sonographer is unable to give you the results directly, however if there is an urgent finding, they will consult with our cardiologist before you leave.

Consent

Patient Name: _____ Date of birth: / /

I have read the above information relating to an echocardiogram and give my consent to this test.

Signature: _____ Date: / /

Name if signed on Patient's behalf: _____

Relationship to patient: _____

Doctor/Technician: indicate if test performed as an emergency and no consent able to be obtained YES / NO
