

McLaren Print System Order

Order No: 51623 Reprint Previous Order No: 7963  
Order Date: 2020-01-10  
User: susan jackson  
Phone: 8103425370

Ship Location: McLaren Pulmonary Rehab  
G 3230 Beecher Road lower level  
Flint, Michigan 48532,

Forms

Quantity: 100  
Paragon Dept No: 40110  
Dept Name: Pulmonary Rehab  
Company Number: 60

Order Total Price: 0.00

Item Number: M-17003  
Item Description: Informed Consent for Cardiac Rehabilitation and Pulmonary Rehavilitation  
Revision Date: 1/2015  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Misc Info:

McLAREN FLINT  
 Cardiac Rehabilitation     Pulmonary Rehabilitation

INFORMED CONSENT

EXPLANATION OF REHABILITATION PROGRAM

I will be participating in a conditioning program that includes physical exercise and education. I understand the level of exercise, what I will undertake, will be based on my individual response to an initial exercise test and/or evaluation. I will be given explicit instructions regarding the amount and kind of regular exercise I should do. Organized exercise sessions will be available on a regularly scheduled basis. My exercise sessions may be adjusted by the exercise specialist in consultation with the exercise program director and physician, depending on my progress. Other tests may be recommended as needed.

MONITORING

I understand that my blood pressure, heart rate and oxygen saturation will be monitored pre and post exercise and during exercise as required.

RISKS AND DISCOMFORTS

I understand there exists the possibility of certain changes occurring during the exercise sessions. I understand these include abnormal blood pressure, lightheadedness, dizziness, fainting, disorders of heart beat, and in rare instances heart attack, stroke or death. Every effort will be made to minimize these risks by the preliminary examination and by observations during exercise. Emergency equipment and trained personnel are available to deal with unusual situations which may arise.

RESPONSIBILITY OF THE PARTICIPANT

To gain expected benefits I must give priority to regular attendance and adherence to prescribed amounts of intensity, duration, frequency, progression, and type of activity. I realize that I must promptly report to the staff of the rehabilitation program any signs or symptoms indicating any abnormality or distress. I consent to the administration of any immediate resuscitation measures deemed advisable by the staff in the event of distress.

USE OF MEDICAL RECORDS

The information which is obtained during exercise testing and while I am a participant in the rehabilitation program will be treated as privileged and confidential. It is not to be released or revealed to any person except my referring physician and insurance company without my written consent. The information obtained however, may be used for statistical analysis or scientific purpose with my right to privacy retained.

INQUIRIES

I understand that questions about the rehabilitation program are welcome. If I have doubts or questions, I will ask for further explanation.

FREEDOM OF CONSENT

I understand that permission to engage in this rehabilitation program is voluntary. 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 that I understand the rehabilitation program in which I will be engaged. I accept the rules and regulations set forth. I consent to participate in this rehabilitation program.

Participant's Signature Date \_\_\_\_\_

Signature of Witness Date \_\_\_\_\_

REHABILITATION PROGRAM  
INFORMED CONSENT FOR EXERCISE TREATMENT



5200

01  
0000  
00