

Cardiac Screening Consent Form

This is a consent form for the cardiac screening service provided by Cardiac Health Diagnostics Limited, on behalf of Welsh Hearts/Calonau Cymru. If you wish to undergo cardiac screening, it is crucial that you understand the patient guide provided with this consent form. Cardiac screening will not be performed on any individual without a consent form completed. Individuals which are under 16 will be required to get written permission from a parent/guardian, and have an adult present at the screening appointment.

Please tick the following box to confirm you have read, and understand the above information and the patient guide attached to this consent form.

Individual Statement

I have read the patient guide provided with this consent form and understand the cardiac screening process, and further testing if required. I am fully aware what the cardiac screening process involves and I have been given contact details for Cardiac Health Diagnostics if I require further assistance. I also understand that I am free to withdraw my consent from the cardiac screening at any point in time, including during the screening appointment without any given reason. I have been assured that my personal information and cardiac screening results are confidential, only accessed by the relevant company staff and medical professionals. I am satisfied that screening results are stored in a safe facility and that data may be used anonymously as a statistic for research.

I have read the Individual Statement and am happy to proceed with my cardiac screening appointment.

Individuals may be asked at screening events to have their photo taken for promotional purposes. By ticking this box, you agree that you are happy to have your photo taken/you are happy for your child to have their photo taken and that it can be used by Cardiac Health Diagnostics and Welsh Hearts to use for promotional purposes (leaflets, website etc.)

Name of Individual (PRINTED) _____

Name of Individual (SIGNATURE) _____

Name of Parent (PRINTED)

If individual is under 16 years of age) _____

Name of Parent (SIGNATURE)

If individual is under 16 years of age) _____

Date _____