Pocket EKG®

EKG SCREENING PATIENT DATA FORM

PHYSICIAN USE ONLY: EKG INTERPRETATION ☐ Normal ☐ Minor Abnormal ☐ Abnormal ☐ A-FIB

PDF PEKG / 2 PHYS-01 / SCREENING

PATIENT INFORMATION

PLEASE PRINT CLEARLY OR TYPE. ANY SPACES LEFT BLANK ON THE WORKSHEET WILL BE BLANK ON THE CARD

Name

Last *First* *M.I.* Soc Sec# - - *Sex*

Address

City State Zip

Home Phone ( ) — Emergency Phone ( ) — Resting H.R. Resting B.P.

Medical Insurance

Date of Birth / /

Cardiologist

Last *First* M.D. ☐ D.O. ☐ Phone ( ) —

Primary Physician

Last *First* M.D. ☐ D.O. ☐ Phone ( ) —

CHECK APPLICABLE:

☐ Heart Attack *Month* *Year*
Month *Year*
Month *Year*

☐ Stroke *Month* *Year*
Month *Year*
Month *Year*

☐ CABG *Month* *Year*
Month *Year*
Month *Year*

☐ PTCA /Atherectomy *Month* *Year*
Month *Year*
Month *Year*

☐ Coronary Stent *Month* *Year*
Month *Year*
Month *Year*

☐ Artificial Heart Valve *Month* *Year*
Month *Year*
Month *Year*

☐ Pacemaker *Month* *Year*

Manufacturer Model # Serial#

Ventricular Lead Model# Serial#

Atrial Lead Model# Serial#

☐ Angina
☐ Arrhythmia (Irregular Heartbeat)
☐ CAD (Coronary Artery Disease)
☐ CHF (Congestive Heart Failure)
☐ COPD (Chronic Obstructive Pulmonary Disease)
☐ Current Smoker
☐ Diabetes
☐ Family History of Heart Disease
☐ High Cholesterol
☐ Hypertension
☐ PVD (Peripheral Vascular Disease)
☐ Renal Disease
☐ Valvular Heart Disease

☐ Drug Allergies (List)

☐ Other

Name of Account Date

PLEASE ATTACH ORIGINAL EKG TO THIS FORM—DO NOT FOLD EKG