



ONLINE PATIENT FORM

PATIENT INFORMATION

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

Name					
<i>Last</i>	<i>First</i>	<i>M.I.</i>	Soc Sec#	-	- Sex
Address					Date
City		State		Zip	
Home Phone ()	—	Emergency Phone ()	—	Resting H.R.	Resting B.P.
Medical Insurance					
Primary		Secondary		Date of Birth / /	
Cardiologist					
<i>Last</i>	<i>First</i>	M.D. <input type="checkbox"/>	D.O. <input type="checkbox"/>	Phone ()	—
Primary Physician					
<i>Last</i>	<i>First</i>	M.D. <input type="checkbox"/>	D.O. <input type="checkbox"/>	Phone ()	—

CHECK APPLICABLE:

<input type="checkbox"/> Heart Attack	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Angina
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Stroke	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Current Smoker
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Family History of Heart Disease
<input type="checkbox"/> CABG	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> High Cholesterol
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Diabetes
<input type="checkbox"/> PTCA /Atherectomy	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> CHF (Congestive Heart Failure)
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Arrythmia (Irregular Heartbeat)
<input type="checkbox"/> Coronary Stent	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Valvular Heart Disease
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Other cardiac illnesses _____ (List)
<input type="checkbox"/> Artificial Heart Valve	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	_____
	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	_____
<input type="checkbox"/> Pacemaker	<u> </u> <i>Month</i>	<u> </u> <i>Year</i>	<input type="checkbox"/> Allergies (List) _____
Manufacturer	<u> </u> Model #	<u> </u> Serial#	_____
Ventricular Lead	<u> </u> Model#	<u> </u> Serial#	_____
Atrial Lead	<u> </u> Model#	<u> </u> Serial#	_____

HOW DO I ORDER A POCKET EKG CARD?

- Fill out this patient data form.
- Get an original EKG printout from your physician. (Your most recent EKG)
- Mail both pieces of information with your \$38.00 check for processing to:
CARDIOMARK LLC
P.O. Box 929 - SAN LUIS OBISPO, CALIFORNIA 93406
- Once we receive the information, your Pocket EKG is manufactured within 5 to 7 working days and mailed directly back to you. Any questions please call: 1.800.589.4949