

Bundle Branch Block

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client is known to have a bundle branch block (BBB) on their electrocardiogram (ECG), please answer the following:

1. Please check type of BBB present:

CLBBB CRBBB LAHB or LPHB IRBBB Bifascicular block

2. How long has this abnormality been present? _____(years)

3. Has there been any recent change in the ECG?

yes, please give details _____

no

4. Please check if your client has had any of the following (check all that apply):

chest pain or coronary artery disease

cardiomyopathy

high blood pressure

congenital heart disease

valvular heart disease

5. Have any cardiac studies been completed?

a. exercise treadmill or thallium: no yes - normal yes - abnormal

b. resting or exercise echocardiogram: no yes - normal yes - abnormal

c. other: _____

6. Is your client on any medications?

yes, please give details _____

no

7. Has your client smoked cigarettes in the last 12 months?

yes

no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

yes, please give details _____

no