

Irregular Heart Beat

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of irregular heart beat(s), please answer the following:

1. Please list date when first diagnosed: _____

2. Is the irregular heart beat due to (check all that apply): _____

premature supraventricular atrial beats (PAC's)

premature ventricular beats (PVC's)

multifocal

bigeminy or trigeminy

ventricular tachycardia

3. Are there any symptoms with the irregular heart beat?

black-out

dizziness (light-headedness)/faint feeling

palpitations

chest discomfort

4. Have any of the following tests been done? If so, please give date and results:

ECG _____

stress test _____

echocardiogram _____

Holter monitor _____

5. Is your client on any medications?

yes, please give details _____

no

6. The cause of the irregular heart beat is due to:

heart disease

alcohol

thyroid disease

unknown

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

yes

no

7. Does your client have any other major health problems (ex: stroke, etc.)?

yes, please give details _____

no