PEDIATRIC POCKET EKG®

PATIENT DATA FORM

PDF PEKG / PEDIATRIC-1

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 Date

City State Zip

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

Medical Insurance

Primary Secondary Date of Birth / /

Cardiologist

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

Primary Physician

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

HEART HISTORY

- ☐ Arrythmia (Irregular Heartbeat)
- ☐ Aortic Stenosis
- ☐ CHF (Congestive Heart Failure)
- ☐ Dextrocardia
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Hypertension
- ☐ Pulmonary Hypertension
- ☐ Pulmonary Stenosis
- ☐ PVD (Peripheral Vascular Disease)
- ☐ Stroke
- ☐ Valvular Heart Disease
- ☐ Allergies (List)
- ☐ Other

☐ Pacemaker *Month* *Year*

Manufacturer Model # Serial#

Ventricular Lead Model# Serial#

Atrial Lead Model# Serial#

Name of Account Date

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

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