

Name: _____

Current Problems

Description

Palpitations

When did they first begin: _____

Shortest duration: _____ Longest duration: _____ Typical duration: _____

How often do they occur: _____ When was the last one: _____

Are they: regular irregular

How do they start: gradual sudden

How do they end: gradual sudden

Triggers: exercise post-exercise rest caffeine alcohol stress

| | How often do you get this symptom? | What seems to cause it? |
|---|------------------------------------|-------------------------|
| <input type="checkbox"/> Blackouts | _____ | _____ |
| <input type="checkbox"/> Near-blackouts | _____ | _____ |
| <input type="checkbox"/> Dizziness | _____ | _____ |
| <input type="checkbox"/> Unexplained Falls | _____ | _____ |
| <input type="checkbox"/> Chest pain / tightness | _____ | _____ |
| <input type="checkbox"/> Shortness of breath | _____ | _____ |
| <input type="checkbox"/> Ankle swelling | _____ | _____ |

Without stopping, can you walk 2 blocks on level ground at a usual pace or climb one flight of stairs?

YES NO What stops you: _____

Current Prescribed Medications (fill in or bring list)

Anti-Arrhythmic Medications You Have Tried

| Name | Dose | How many times per day? |
|------|------|-------------------------|
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| | | |
| | | |
| | | |

| | # years taken (in total) | When did you stop? |
|--|--------------------------|--------------------|
| Amlodarone (Cordarone) | | |
| Propafenone (Rythmol) | | |
| Flecainide (Tambocor) | | |
| Sotalol (Sotacor or Betapace) | | |
| Beta-blockers (metoprolol, atenolol, carvedilol, bisoprolol, aceoutolol) | | |
| Diltiazem (Cardizem, Tiazac) | | |
| Verapamil (Chronovera) | | |
| Digoxin | | |

PLEASE TURN OVER

Arrhythmias

- Atrial fibrillation _____
 - Atrial flutter _____
 - Supraventricular tachycardia (SVT) _____
 - Ventricular tachycardia _____
 - Cardiac Arrest _____
- Other: _____

What year was it first discovered?

Other Medical Problems

- Thyroid _____
 - Kidney _____
 - Liver _____
 - Asthma _____
- _____
- _____
- _____

Arrhythmia Treatments

- Electrical cardioversion _____
- Ablation _____
- Pacemaker (company _____) _____
- Defibrillator (company _____) _____

What year? Where?

Family History

- | | | |
|--|----------------------|----------------------------|
| | which family member? | At what age did it happen? |
| <input type="checkbox"/> Sudden death | _____ | _____ |
| <input type="checkbox"/> Blackouts | _____ | _____ |
| <input type="checkbox"/> Rhythm problems | _____ | _____ |
| <input type="checkbox"/> Defibrillator | _____ | _____ |
| <input type="checkbox"/> Pacemaker | _____ | _____ |
| <input type="checkbox"/> Heart attack | _____ | _____ |

Cardiac History

- Heart attack _____
- Stroke or TIA ('mini-stroke') _____
- High blood pressure _____
- Diabetes _____
- High cholesterol _____
- Heart valve problems _____
- Congestive heart failure _____
- Valve surgery _____
- Bypass surgery _____
- Angioplasty _____

What year did it occur or was first diagnosed?

Medication Allergies

| Drug Name | Reaction |
|-----------|----------|
| | |
| | |
| | |
| | |
| | |

For Office Use Only

Physical Exam:

ECG

Diagnoses:

1. _____ 2. _____

Medication changes: none

| Name | Dose | Frequency |
|------|------|-----------|
| | | |
| | | |
| | | |