



BUNDLE BRANCH BLOCK

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

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: no yes-normal
 yes-abnormal

6. Is your client on any medications? (accurate name, dosage, and reason)

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

- Yes; please give details _____
 No