

IRREGULAR HEARTBEAT



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the date when first diagnosed: _____
2. Is the irregular heartbeat due to (check all that apply):
 premature supraventricular atrial beats (PACs)
 premature ventricular beats (PVCs)
 multifocal
 bigeminy or trigeminy
 ventricular tachycardia
3. Are there any symptoms with the irregular heartbeat?
 black-out dizziness (lightheadedness)/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. The cause of the irregular heart beat is due to:
 heart disease alcohol
 thyroid disease unknown or other _____
6. Is client on any medications? (accurate name, dosage, and reason)
7. Are there are any other health issues? (additional questionnaires may be required)