

PACEMAKER



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Date the pacemaker was implanted: _____

2. The pacemaker was implanted for:
__heart block associated with coronary artery disease
__complete heart block or sick sinus syndrome
__chronic underlying atrial flutter/fibrillation
__other; give details _____

3. Does client have another heart disease? Give details:

4. Have any of the following pacemaker complications occurred?
__infection __blood clots
__pacemaker malfunction __perforation
__other; please give detail _____

3. Are there any continuing symptoms since the pacemaker was implanted?
__yes; give details _____
__no

4. When was client's last checkup?

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

6. Does client have any other health problems? (additional questionnaires may be required)