



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
City State Zip
Home Phone ( ) - Emergency Phone ( ) - Resting H.R. Resting B.P.
Medical Insurance Primary Secondary Date of Birth / /
Primary Physician's Name Last First M.D. D.O. Phone ( ) -

CHECK APPLICABLE:

Heart Attack Month Year
Stroke Month Year
CABG Month Year
PTCA /Atherectomy Month Year
Coronary Stent Month Year
Artificial Heart Valve Month Year
Pacemaker Month Year
Manufacturer Model # Serial#
Ventricular Lead Model# Serial#
Atrial Lead Model# Serial#
Angina
Hypertension
Current Smoker
Family History of Heart Disease
High Cholesterol
Diabetes
CHF (Congestive Heart Failure)
Arrythmia (Irregular Heartbeat)
Valvular Heart Disease
Other cardiac illnesses (List)
Allergies (List)

HOW DO I ORDER A POCKET EKG CARD?

- 1. Fill out this patient data form.
2. Get a current original EKG printout from CENTRAL CARDIOLOGY. (Call 661-323-8384 for details)
3. Mail both pieces of information with your \$18.00 check for processing to:
CARDIOMARK LLC
P.O. BOX 929 - SAN LUIS OBISPO, CALIFORNIA 93406
4. Once we receive the information, your Pocket EKG is manufactured within 5 to 7 working days and mailed directly back to you. Any questions please call: 1.800.HEART24