# Patient Record

**Date: _____**

**Institution: _____- Insurance: _____ _____**

**Name: _____**

**Job: _____ Tel/Cel.: _____**

**Gender: Female ( ) Male ( ) Other ( ) _____**

**Age: _____ years Birthdate: _____/_____/_____**

**1. Have you ever done any Electrocardiogram before??** Yes ( ) No ( )

1.1 If so, why was it indicated?_____

**2. Do you smoke?** Yes ( ) No ( ) Quit( ) 2.1 How long did you smoke? _____

**3. Do you drink?** Yes ( ) No ( ) Quit ( ) 3.1 How long did you drink? _____

**4. Do you use drugs?** Yes ( ) No ( ) Quit ( ) 4.1 Wich one and how long did you used? _____

**5. Do you practice any kind of exercise and / or sport?** Yes( ) No ( )

Walk ( )
Jogging ( )
Run ( )
Zumba ( )
Dancing ( )
Biking ( )
Lifting weight ( )
Other _____ _____ _____

**5.1 Where do you practice?**

Home ( )
Park ( )
Gym ( )
Other _____
_____
_____

**6. Do you have any chronic illness?** Yes ( ) No ( )

**7. Pathological personal history**

| | |
|---|---|
| High blood pressure | ( ) |
| Diabetes Mellitus | ( ) |
| Hypercholesterolemia | ( ) |
| Hyperthyroidism | ( ) |
| Hypothyroidism | ( ) |
| Cardiopathy | ( ) _____ |
| Other | _____ |
| | _____ |

**8. Hereditary Family Background**

| | |
|---|---|
| High blood pressure | ( ) _____ |
| Diabetes Mellitus | ( ) _____ |
| Hypercholesterolemia | ( ) _____ |
| Hyperthyroidism | ( ) _____ |
| Hypothyroidism | ( ) _____ |
| Cardiopathy | ( ) _____ |
| Other | _____ |
| | _____ |

**9. Do you take any medication?** Yes ( ) No ( )

**9.1** In **case of yes, which one? _____**

**10. Have you suffered from a heart attack?** Yes ( ) No ( )

**Vital Signs:**

Heart rate _____ x'

Breathing rate _____ x'

Blood presssure _____ mmHg

$pSO_2$ _____ %

**Physical Exploration:**

Weight: _____ Kg.

Height: _____ cm.

Waist: _____ cm.

Hips: _____ cm.

BMI: _____

**Cardiax:**

Pax: _____

QRSax: _____

Tax: _____

Pd: _____

PQ: _____

QRS: _____

QT: _____

QTcB: _____