



## CARDIAC ARRHYTHMIA QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

When was arrhythmia first diagnosed? \_\_\_\_\_

Type of arrhythmia (check all that apply):

- Bradycardia or Tachycardia
- PACs or PVCs (Premature Atrial Contractions or Ventricular Complex)
- Atrial Fibrillation or Flutter (A-fib)
  - Chronic or
  - Paroxysmal
- SVT (Supraventricular Tachycardia)
- Wolff-Parkinson-White Syndrome (WPW)
- Ventricular Fibrillation (V-fib)
- First or second degree heart block
- Third degree or complete heart block
- RBBB (right bundle branch block) – Complete  or Incomplete
- LBBB (left bundle branch block) – Complete  or Incomplete
- LAFB or LAHB (left anterior fascicular block or hemi-block)
- SSS (Sick Sinus Syndrome)

Symptoms (check all that apply):

- Palpitations (abnormal awareness of heartbeat) or fluttering in the chest
- Racing heartbeat
- Slow heartbeat
- Chest pain
- Shortness of breath
- Lightheadedness
- Dizziness
- Near fainting (Near syncope)
- Fainting (Syncope)

Treatment (check all that apply):

- Oral medications
- Pacemaker (Date installed: \_\_\_\_\_)
- Cardioversion (Dates: \_\_\_\_\_)
- Implanted cardiac defibrillator (Date installed: \_\_\_\_\_)
- Catheter ablation (Date of procedures: \_\_\_\_\_)
- Maze procedure (Date of procedures: \_\_\_\_\_)

Do you currently use any type of nicotine/tobacco products? YES  NO

If yes, type of tobacco used?

Cigarettes  Cigars  Chew  Pipe  Patch/gum  Electronic

Have you ever used nicotine/tobacco in the past? YES  NO

Type used & date quit: \_\_\_\_\_

Do you have a history of valvular heart disease? YES  NO

If yes, please complete the valvular heart disease questionnaire.

Do you have a history of coronary artery disease? YES  NO

If yes, please complete the Coronary Artery Disease questionnaire.

Date of most recent stress test? \_\_\_\_\_ Was it normal? YES  NO

Have you ever had a cardiac catheterization? YES  NO

If yes, results? \_\_\_\_\_

\*If possible, please attach results of any cardiac testing including stress tests, cardiac monitors, echocardiograms, EKGs, cardiac catheterization, etc.