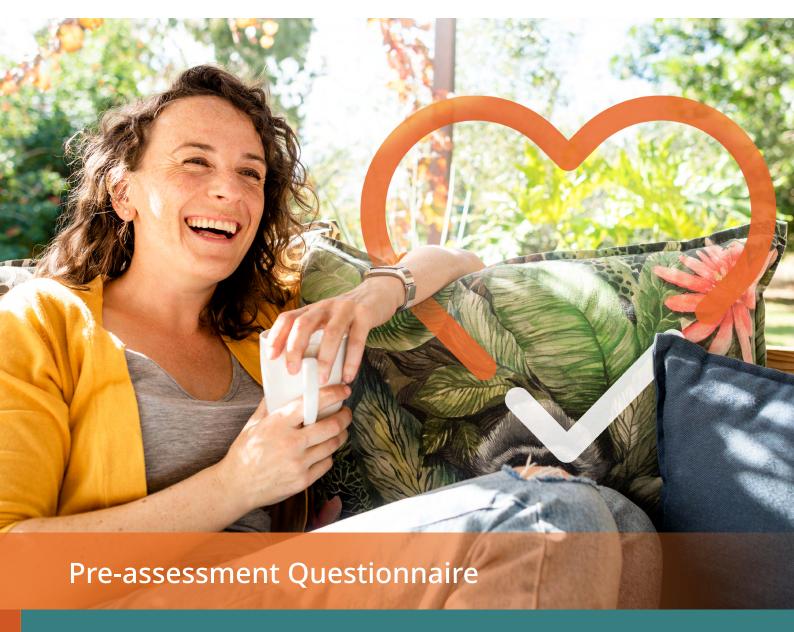
### Mater Private Network | Dublin



**HeartCheck** 









# Section 1

**Surname:** 

Please complete Section 1 and submit this form online in advance of your appointment. Your physician will complete Section 2.

First name:

Your personal details
-----------------------

Maiden name: (if applicable)			Date of birth:			
Home address:						
Home phone number:			Mobile number:			
Email address:						
General Practitioner (GP) name:						
General Practitioner address:						
Please send a copy of m as per details above.	y HeartCheck	report to my Genera	ll Practitioner (GP),	,	Yes	No
May we contact your Ge further test or appointr	eneral Practition ment?	oner (GP) if required	in relation to a		Yes	No
How did you hear about	t HeartCheck a	t Mater Private Net	work?			
My company	Friend	Online search	Social media	Other		
If company related, who	at is the name	of your company:				



Please record the following details:			Doctor's notes:
Your height: in centimetres (cm)	or feet/ inches		
Your weight: in kilograms (kg)	or stones/ pounds		
Have you any current symptoms or o	complaints?	es No	
If you answered yes, please indicate that you are currently experiencing/	•	• •	
Breathlessness Shortn	ess of breath		
Palpitations Other			
If 'other', please describe these sym	ptoms:		
If known, please give your most rece	ent blood pressure me	asurement:	
If known, please give the results of a your LDL and HDL cholesterol level -		•	
If known, please give the results of a tests - ideally within the past year:	ny recent fasting gluc	ose and HbA1C	
Please list any chronic medical condi	tions you have been d	liagnosed with:	
Exercise			
Do you take regular exercise?	Yes No		
How many minutes per week do you	exercise?		
What type of exercise do you take?			

It is important that we review your family history, if known. Please ensure to mention if there is any history of heart disease or diabetes.

	Age:	State of current health / Cause of death	Doctor's notes:
Father:			
Mother:			
Brothers:			
Sisters:			
Spouse/ partner:			
Daughters:			
Sons:			

## Section 2

#### **Cardiovascular examination**

For completion by physician only.

Pulse (resting):
Blood pressure:
Apex beat:
Heart sounds:
Murmurs:
Carotid arteries:
Abdominal aorta:
Peripheral pulses:

Doctor's notes:

### **Contact details**

**Mater Private Network | Dublin** 

Telephone: 01 793 4744 Email: heartcheck@materprivate.ie