



Pre-assessment Questionnaire

**HeartCheck**



# Section 1

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



## Your personal details

First name:

Surname:

Maiden name:  
(if applicable)

Date of birth:

Home address:

Home phone  
number:

Mobile  
number:

E-mail address:

General  
Practitioner  
(GP) name:

General  
Practitioner  
address:

Please send a copy of my HeartCheck report to my General Practitioner (GP), as per details above.

Yes

No

May we contact your General Practitioner (GP) if required in relation to a further test or appointment?

Yes

No

How did you hear about HeartCheck at Mater Private Network?

My Company

Friend

Online search

Social Media

Other

If company related, what is the name of your company:



## Your medical history

**Please record the following details:**

**Your height:**

in centimetres (cm)

or feet/ inches

**Your weight:**

in kilograms (kg)

or stones/ pounds

Doctor's notes:

**Have you any current symptoms or complaints?** Yes No

**If you answered yes, please indicate any of the following symptoms that you are currently experiencing/ have recently experienced:**

Breathlessness

Shortness of breath

Palpitations

Other

**If 'other', please describe these symptoms:**

**If known, please give your most recent blood pressure measurement:**

**If known, please give the results of any recent fasting lipid panel, including your LDL and HDL cholesterol level - ideally within the past year:**

**If known, please give the results of any recent fasting glucose and HbA1C tests - ideally within the past year:**

**Please list any chronic medical conditions you have been diagnosed with:**

### Exercise

**Do you take regular exercise?** Yes No

**How many minutes per week do you exercise?**

**What type of exercise do you take?**



## Your family medical history

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:**

Age: State of current health / Cause of death:

**Mother:**

Age: State of current health / Cause of death:

**Brothers:**

Age: State of current health / Cause of death:

**Sisters:**

Age: State of current health / Cause of death:

**Spouse/  
Partner:**

Age: State of current health / Cause of death:

**Daughters:**

Age: State of current health / Cause of death:

**Sons:**

## Section 2

### Cardiovascular examination

For completion by physician only.

Doctor's notes:

Pulse (resting):

Blood Pressure:

Apex Beat:

Heart Sounds:

Murmurs:

Carotid Arteries:

Abdominal Aorta:

Peripheral Pulses:

### Contact Details

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