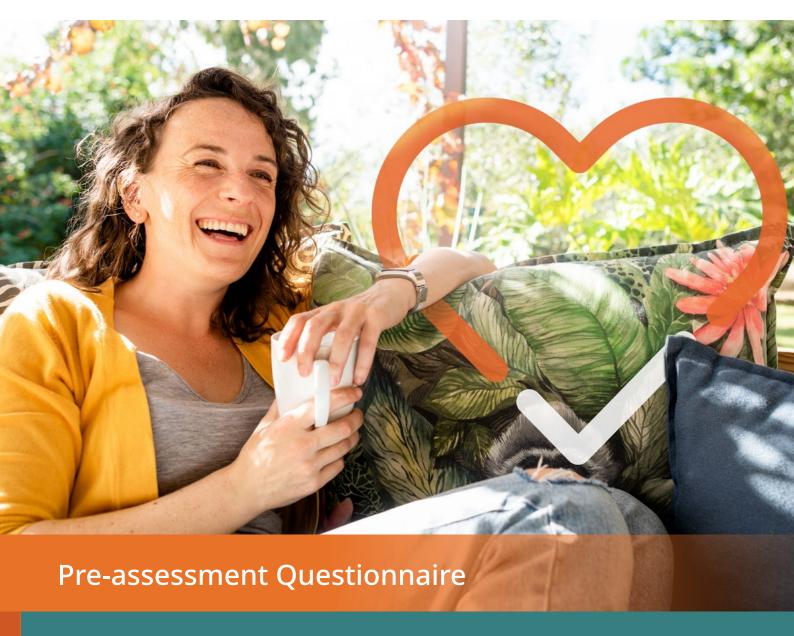
Mater Private Network | Dublin



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 Mobile number: 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?	No

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

Friend

My Company

How did you hear about HeartCheck at Mater Private Network?

Online search

Social Media

Other



Your medical history

Doctor's notes:

Please record the following details:

Your height:

in centimetres (cm) or feet/ inches

Your weight:

in kilograms (kg) or stones/ pounds

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?



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.

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

Mater Private Network | Dublin

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