Drag picture of EKG to box:

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**Cardiac Patient Health Information Card**

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| Chronic Cardiac Conditions | |
| Diagnosis | Year Diagnosed |
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| --- |
| Name: |
| Phone #: |
| Cardiologist: |
| Phone #: |
| Cardiothoracic Surgeon: |
| Phone #: |

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| --- | --- | --- |
| Cardiac Medications | | |
| Medication | Dose/ Frequency | What is it for? |
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| --- | --- |
| Cardiac Devices – pacemakers, defibrillators, stents, etc. | |
| Device Type | Year Placed |
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| Cardiac Procedures – bypass surgery, valve replacements, ablation, etc. | | |
| Procedure | Year | Abnormal Results |
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| Cardiac Tests – stress test, echocardiogram, EKG, tilt table, etc. | | |
| Test Type | Year | Abnormal Results |
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