



ECHOCARDIOGRAPHY PATIENT QUESTIONNAIRE

CARDIAC SYMPTOMS

Patient Name: _____ DOB: _____ Sex: M or F

Please answer all of the following questions:

Have you experienced chest pain? Yes___ No___
If yes, when? _____

Did the doctor hear a murmur? Yes___ No___

Do you experience shortness of breath? Yes___ No___

Do you experience any wheezing? Yes___ No___

Do you ever experience palpitations? Yes___ No___

Have you experienced any recent fainting? Yes___ No___

Have you had a recent abnormal EKG? Yes___ No___

Have you been diagnosed with atrial fibrillation? Yes___ No___

Do you experience swollen ankles? Yes___ No___

Have you had a recent fever of unknown origin? Yes___ No___
If Yes, When? _____

Patient Signature: _____ Date: _____

Sonographer Notes:

Initials: _____