



**Heart**

*ECG*

Date and Time: \_\_\_\_\_

Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_

*Echocardiography*

Date and Time: \_\_\_\_\_

EF: \_\_\_\_\_

Contractility: \_\_\_\_\_

Left ventricle function: \_\_\_\_\_

Left ventricle mass index: \_\_\_\_\_

Left ventricle volume: \_\_\_\_\_

IVS d: \_\_\_\_\_

PWd \_\_\_\_\_

Dimension Aortic Root \_\_\_\_\_

Dimension Ascending Aorta \_\_\_\_\_

Aortic valve: \_\_\_\_\_

Mitral valve: \_\_\_\_\_

Tricuspid valve: \_\_\_\_\_

Pulmonary valve: \_\_\_\_\_

RV Function normal  yes  no

Dimension (or volume) RV: \_\_\_\_\_

Dimension Tr. Pulmonalis: \_\_\_\_\_

Presence of ASD (atrial septal defect):  yes  no

Presence of PFO (patent foramen ovale):  yes  no

Comment: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

*Coronary angiography*

Date and Time: \_\_\_\_\_

EF: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Cardiologist: \_\_\_\_\_

**WICHTIG: Diese Angaben ersetzen keinen zeitnahen schriftlichen Befund in der Patientenakte.**

**Bei Rückfragen gerne unter 044 255 22 22 melden**