



# HOLTER MONITOR PATIENT QUESTIONNAIRE

HOLTER MONITOR SERIAL NUMBER: \_\_\_\_\_

Patient Name (First, Last) : \_\_\_\_\_

Patient Registration # : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

Facility Location : \_\_\_\_\_

Ordering Provider : \_\_\_\_\_ Emailed results to: \_\_\_\_\_

Name of person connecting device: \_\_\_\_\_

Name of person disconnecting device: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Symptoms : \_\_\_\_\_

Length of Study :  24 HRS.  48 HRS.  72 HRS.  Other: \_\_\_\_\_

Study Start Time: \_\_\_\_\_ Study End Time: \_\_\_\_\_

ICD-10 CODES (SELECT ALL THAT APPLY) ADDITIONAL CODES EXIST. ADD BELOW IN "OTHER" IF NEEDED

- |                          |              |  |
|--------------------------|--------------|--|
| <input type="checkbox"/> | I25.3        | Aneurysm of Heart  |
| <input type="checkbox"/> | I20.0-I20.9  | Angina Pectoris  |
| <input type="checkbox"/> | I48.0        | Atrial Fibrillation, Paroxysmal                                    |
| <input type="checkbox"/> | I48.1        | Atrial Fibrillation, Persistent                                    |
| <input type="checkbox"/> | I48.2        | Atrial Fibrillation, Chronic                                       |
| <input type="checkbox"/> | I48.92       | Atrial Flutter   |
| <input type="checkbox"/> | I44.0        | Atrioventricular Block, First Degree                               |
| <input type="checkbox"/> | I44.1        | Atrioventricular Block, Second degree                              |
| <input type="checkbox"/> | I44.2        | Atrioventricular Block, Complete                                   |
| <input type="checkbox"/> | I45.2        | Bifascicular Block   |
| <input type="checkbox"/> | R00.1        | Bradycardia  |
| <input type="checkbox"/> | I49.9        | Cardiac Arrhythmia, Unspecified                                    |
| <input type="checkbox"/> | I46.2- I46.9 | Cardiac Arrest   |
| <input type="checkbox"/> | R01.0- R01.2 | Cardiac Murmurs and other Cardiac Sounds                           |
| <input type="checkbox"/> | R07.9        | Chest Pain, Unspecified  |
| <input type="checkbox"/> | I25.10-I25.9 | Chronic Ischemic Heart Disease                                     |
| <input type="checkbox"/> | R42          | Dizziness and Giddiness  |
| <input type="checkbox"/> | I44.4        | Left Anterior Fascicular Block                                     |
| <input type="checkbox"/> | I44.7        | Left Bundle-Branch Block, Unspecified                              |
| <input type="checkbox"/> | I44.5        | Left Posterior Fascicular Block                                    |
| <input type="checkbox"/> | I45.81       | Long QT Syndrome   |
| <input type="checkbox"/> | I25.2        | Old Myocardial Infarction  |
| <input type="checkbox"/> | R06.01       | Orthopnea  |
| <input type="checkbox"/> | R00.2        | Palpitations   |
| <input type="checkbox"/> | I47.0-I47.9  | Paroxysmal Tachycardia   |
| <input type="checkbox"/> | I45.6        | Pre-excitation Syndrome  |
| <input type="checkbox"/> | I47.0        | Re-entry Ventricular Arrhythmia                                    |
| <input type="checkbox"/> | I45.0        | Right Bundle Branch Block, Other                                   |
| <input type="checkbox"/> | R06.02       | Shortness of Breath  |
| <input type="checkbox"/> | I49.5        | Sick Sinus Syndrome  |
| <input type="checkbox"/> | I21.0-I22.9  | ST Elevation and Non-ST Elevation Myocardial Infarction            |
| <input type="checkbox"/> | I22.0-I22.9  | Subsequent ST Elevation and Non ST Elevation Myocardial Infarction |
| <input type="checkbox"/> | I47.1        | Supraventricular Tachycardia                                       |
| <input type="checkbox"/> | R55          | Syncope and Collapse   |
| <input type="checkbox"/> | R00.0        | Tachycardia, Unspecified   |
| <input type="checkbox"/> | I47.2        | Ventricular Tachycardia  |
| <input type="checkbox"/> | Other:       | _____  |