HEART SOUND RECORDER SURVEY FORM

Circle the corresponding number.	
1	MILD symptom (occurs rarely)
2	MODERATE symptom (occurs several times a month)
3	SEVERE symptom (occurs almost constantly)

If a symptom does not apply, do not circle anything for that symptom.

Name:_____

Date:_____

Age: _____ DOB: _____ M / F

Height_____ Weight: _____

1.	1	2	3	Ringing in ears
2.	1	2	3	Dizziness
3.	1	2	3	Tired throughout day
4.	1	2	3	Swollen ankles
5.	1	2	3	Poor circulation
6.	1	2	3	Breathing challenges
7.	1	2	3	Afternoon "yawner"
8.	1	2	3	Difficulty catching breath, especially during exercise
9.	1	2	3	Aware of "breathing heavily"
10.	1	2	3	Tightness or pressure in chest, worse on exertion
11.	1	2	3	Fatigue upon exertion
12.	1	2	3	Hands and feet go to sleep easily, numbness
13.	1	2	3	Muscle weakness
14.	1	2	3	Muscle cramps, worse during exercise, get "charley horse"
15.	1	2	3	Muscle spasms
16.	1	2	3	Heart pounds at night
17.	1	2	3	Heart races after alcohol consumption
18.	1	2	3	Heart races
19.	1	2	3	Heart flutters
20.	1	2	3	Sensitive to cold

Yes No Daily bowel movement

Are you taking any of the following medications?

Yes No Cholesterol If yes, name of medication:_____

Yes No Blood pressure If yes, name of medication:_____

Yes No Blood sugar If yes, name of medication:_____

Yes No Other If yes, name of medication:_____

_____

Yes No **Are you taking any additional supplements?** If yes, names of supplements:_____

_____

_____

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

___/___	Blood Pressure	_____	Hydrochloric Acid Point
_____	Enzyme Point	_____	Murphy's Sign (Gallbladder)
_____	Heart Rate	_____	pH of Saliva
_____	Holding Breath Test (20 sec minimum)	_____	SpO_2%

Cuff Test: Pass / Fail Cuff Pressure: _____ Pupil Dilation Exam: Pass / Fail

HEART SOUND RECORDER PATIENT CONSENT FORM

I give _____ permission to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder (a general wellness cardiac stress monitor). I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph like those in hospitals or physicians and that it is not capable of diagnosing heart conditions and is not in any way a substitute for such a device. I further understand that the Heart Sound Recorder has not been reviewed or cleared by the US Food and Drug Administration. I understand that if I have or believe I have a heart condition, that I should see a physician qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a licensed physician, therapist, or healthcare practitioner. The findings from this device can be used to support, but should not be used in place of sound medical therapies and recommendations.

I am giving permission to _____ to share my graph with other practitioners for educational purposes only so long as my name and other personal information are removed.

By signing below, I agree to the above.

Print Name: _____

Signature :_____

Date:_____