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▶▶▶ November 2012 ◀◀◀

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Arrhythmias Examination *Comprehensive Version*

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1. Describe type of arrhythmia and onset of disorder. Indicate whether arrhythmia is intermittent or continuous.
2. Describe hospitalization or surgery for arrhythmia, including location, date, type of surgery, reason for hospitalization.
3. For intermittent arrhythmia, state frequency and duration of episodes, and for supraventricular arrhythmia, state how many episodes per year have been confirmed by EKG or Holter monitor?
4. Is a pacemaker present? If so, when was it inserted, effectiveness, side effects?
5. Is an AICD (automatic implantable Cardioverter-Defibrillator) present? If so, when was it implanted, effectiveness, side effects?
6. Describe other treatment, including RF (radiofrequency) ablation, type, effectiveness, and side effects. Is continuous medication required?
7. Is there a history of congestive heart failure? If so, state whether chronic or not. If not chronic, how many episodes have there been in the past 12 months?
8. Sustained ventricular arrhythmias, atrioventricular block, and implantable cardiac pacemakers (if ventricular arrhythmia or atrioventricular block was the reason for the pacemaker) require that the examiner provide the METs level, determined by exercise testing, at which symptoms of dyspnea, fatigue, angina, dizziness, or syncope result. Exercise testing is not required for these 3 conditions in the following circumstances:
 - a. If exercise testing is medically contraindicated:
 - i. In that case, provide the medical reason exercise testing cannot be conducted, and;
 - ii. Provide an estimate of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing, or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope.

- b. If left ventricular dysfunction is present, and the ejection fraction is 50 percent or less.
 - c. If there is chronic congestive heart failure or there has been more than one episode of acute congestive heart failure in the past year.
 - d. With valvular heart disease - during active infection with valvular heart damage and for three months following cessation of therapy for the active infection.
 - e. With endocarditis - for three months following cessation of therapy for active infection with cardiac involvement.
 - f. With pericarditis - for three months following cessation of therapy for active infection with cardiac involvement.
 - g. With myocardial infarction - for three months following myocardial infarction.
 - h. With valve replacement - for six months following date of hospital admission for valve replacement.
 - i. With coronary bypass surgery - for three months following hospital admission for surgery.
 - j. For cardiac transplantation - for indefinite period from date of hospital admission for cardiac transplantation.
 - k. If an exercise test has been done within the past year, the results are of record, and there is no indication that there has been a change in the cardiac status of the veteran since.
1. Other significant history.

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. Vital signs; heart size and method of determination; heart sounds, rate, and rhythm, blood pressure.
2. Status of cardiac function - evidence of congestive heart failure.
3. Other significant physical findings.

D. Diagnostic and Clinical Tests:

1. EKG.
2. Was testing for left ventricular function done? If so, report the ejection fraction.
3. Holter monitor, other tests as indicated.
4. Chest X-ray or other imaging study, exercise stress test, echocardiogram, Holter monitor, thallium study, angiography, etc., as appropriate, and as required or indicated.
5. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. Type of cardiac arrhythmia, if present. Confirmed by EKG or Holter monitor?
2. Other diagnoses.
3. Describe the effects of each diagnosed condition on the veteran's usual occupation and daily activities.

Signature:

Date: