|  |  |
| --- | --- |
| Name, Vorname: Adresse:Telefon:Geburtsdatum: Krankenkasse:  | Grösse: cm Gewicht: kgSchrittmacher: [ ]  ja [ ]  neinSchwangerschaft: [ ]  ja [ ]  nein |

|  |  |
| --- | --- |
| Einweisender Arzt:Hausarzt: | Spezielles (z.B. Abwesenheitszeitraum des Patienten): |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gewünschte Untersuchung:

|  |  |
| --- | --- |
| [ ]  | Kardiologische Beurteilung |
| [ ]  | Transthorakale Echokardiographie |
| [ ]  | Transösophageale Echokardiographie |
| [ ]  | Stress-Echokardiografie |
| [ ]  | Ruhe-EKG |
| [ ]  | Ergometrie |
| [ ]  | Holter-/24h-EKG |
| [ ]  | Holter-/48h-EKG |
| [ ]  | Holter-/72h-EKG |
| [ ]  | Memory-EKG (Wochen-EKG) |
| [ ]  | Signalgemitteltes EKG (LAPO) |
| [ ]  | 24h-Blutdruck |
| [ ]  | Elektrokonversion |
| [ ]  | Schrittmacher-Kontrolle |
| [ ]  | Carotiden |
| [ ]  | Nierenarterien |
| [ ]  |  |
| [ ]  | Herzinsuffizienzberatung |

 | Aktuelle Medikation:  |

|  |
| --- |
| Anamnese/Klinische Befunde:  |

|  |
| --- |
| Fragestellung:  |

|  |
| --- |
| Datum und Unterschrift: |

|  |
| --- |
| Einsenden an: kardiologie@ksow.ch |