BELFAST CITY HOSPITAL

Request for Electrocardiogram

Date E.C.G. recorded	Hospital No.	Name	Address	Sex M F	Ward or Dept. .....
Age				Previous E.C.G. (B.C.H.) ☐ Yes ☐ No	Physician or Surgeon .....

Information	Yes	No		Yes	No		Yes	No	Dosage
Previous Infarct.	☐	☐	**Hypertension**	☐	☐	**Digitalis**	☐	☐	
Angina	☐	☐	**L.V.H.**	☐	☐	**Quinidine**	☐	☐	
Syncope	☐	☐	**R.V.H.**	☐	☐	**Procaine**	☐	☐	
C.H. Failure	☐	☐	**Hyperkalaemia**	☐	☐	**B. Blockers**	☐	☐	
Stroke	☐	☐	**Hypokalaemia**	☐	☐	**Diuretics**	☐	☐	
Pulmonary Embolism	☐	☐	**Hypercalcaemia**	☐	☐	**Other Drugs**	☐	☐	
Chronic Lung Disease	☐	☐	**Hypocalcaemia**	☐	☐				
Arrhythmia	☐	☐							

Clinical Diagnosis **Signature**

AR **VR** **PR** **QRS** **QT** C **Axis**

Interpretation

REQUEST CATEGORIES No.

1 Includes Health Service patients, G.P. referrals amenity patients, overseas visitors, etc.

4 Private patients

5 Factories or public bodies for whom E.C.G.'s are carried out on their premises, but not interpreted at hospital.

6 Medico-legals, examination for Insurance, emigration, etc.

7 Examination of those in care of Health Service, or Non-Health Service Institutions, eg. prisons, ward of court, remand home, etc.

Comments

Signature ..... **Countersignature** .....

Code ..... **E.C.G. No.** .....

15525-2155

NSV Code WQN/019