Desjardins Financial Security™
life, health, retirement

95 St. Clair Avenue West
Toronto ON M4V 1N7

Cardiovascular Recheck

Name

First Name	Middle Initial	Last Name	Date of Birth: Day	Month	Year

Health History

1. Have you ever had rheumatic fever, chorea, recurrent tonsillitis; evaluation of or treatment for a hearth murmur?
2. Have you ever had significant chest pain or pressure, shortness of breath, exercise limitations, or time off work, cardiac irregularities; investigation or treatment for coronary artery or peripheral vascular disease?
3. Have you ever had hypertension? Give date of onset, details of investigation, treatment, follow-up, dosage of current medication, if any. Any side effects or complications?
4. Past history of elevated serum lipids, diabetes, abnormal electrocardiogram, enlarged heart, excessive cigarette smoking, obesity?

Details of "Yes" Answers.

Include diagnosis, duration, dates, names and addresses of attending physicians, medical facilities.

Physical Examination

5. Height_____ cms. / ins. Weight_____ kgs. / lbs.

6. Blood Pressure — 1st reading — 2nd reading
   Systolic
   Diastolic muffle
   Cessation of Sound

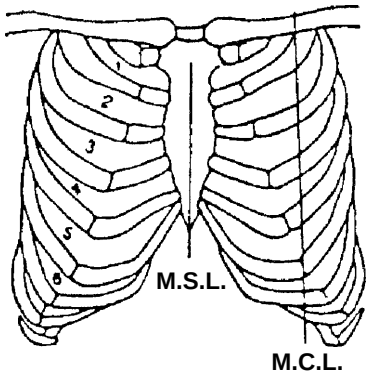
7. Pulse: Rate and rhythm

8. Heart: Is there any
   Enlargement ☐ Yes ☐ No Dyspnea ☐ Yes ☐ No
   Murmur(s) ☐ Yes ☐ No Edema ☐ Yes ☐ No
   Describe murmur below. If multiple, describe separately.
   ☐ Constant ☐ Systolic ☐ Soft (Gr. 1-2)
   ☐ Inconstant ☐ Diastolic ☐ Med. (Gr. 3-4)
   ☐ Transmitted ☐ Loud (Gr. 5-6)
   ☐ Localized

Location: Indicate apex (PMI) by **X**
Indicate murmur area by **O**
Indicate transmission by ➜

Describe the effect of exercise, respiration, change of position, or special physiological maneuvers on murmur characteristics.

Please Give Your Own Comments or Impression.



9. Other remarks. (Use reverse side of sheet if necessary.)

Print or rubber-stamp your name and address

Applicant's Signature

Date

Medical Examiner's Signature

Please seal your report inside confidential envelope and **Send to the Branch Office** which arranged for the examination.

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