

# Cardiac Evaluation Report Format

## Personal Details

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Policy Number/Proposal ID: \_\_\_\_\_

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## Medical History

History of Chest Pain /  
Palpitation: \_\_\_\_\_

History of Hypertension /  
Diabetes: \_\_\_\_\_

History of Smoking /  
Alcohol: \_\_\_\_\_

Family History of Heart  
Disease: \_\_\_\_\_

Other Relevant History: \_\_\_\_\_

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## Physical Examination

Height (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

BMI: \_\_\_\_\_

Blood Pressure (mmHg): \_\_\_\_\_

Pulse Rate (per min): \_\_\_\_\_

Other Findings: \_\_\_\_\_

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## Laboratory Investigations

Test	Result	Reference Range
Fasting Blood Sugar		
Total Cholesterol		
HDL		
LDL		

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Triglycerides

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Creatinine

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## ECG

Date Performed: \_\_\_\_\_

Findings: \_\_\_\_\_

Remarks: \_\_\_\_\_

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## 2D Echo (if available)

Date Performed: \_\_\_\_\_

Ejection Fraction: \_\_\_\_\_

Wall Motion Abnormalities: \_\_\_\_\_

Other Findings: \_\_\_\_\_

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## Conclusion & Recommendations

Summary of Findings: \_\_\_\_\_

Fitness for Insurance: \_\_\_\_\_

Further Recommendations: \_\_\_\_\_

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Examining Doctor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_