

# 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: 

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Findings: 

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Remarks: 

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## 2D Echo (if available)

Date Performed: 

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Ejection Fraction: 

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Wall Motion Abnormalities: 

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Other Findings: 

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## Conclusion & Recommendations

Summary of Findings: 

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Fitness for Insurance: 

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Further Recommendations: 

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Examining Doctor's Name: 

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Signature: 

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Date: 

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