

# VENTRICULOGRAM



Please describe the special problem or symptom that led to this exam:

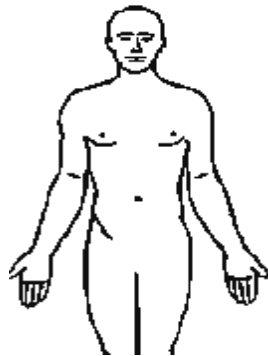
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1. Have you ever had a heart attack? \_\_\_\_\_ yes \_\_\_ no
2. Have you had any chest pain in the last 2 weeks? \_\_\_\_\_ yes \_\_\_ no  
If yes, while resting? \_\_\_\_\_ yes \_\_\_ no  
When it is cold? \_\_\_\_\_ yes \_\_\_ no  
When you are upset? \_\_\_\_\_ yes \_\_\_ no
3. Have you ever had chemotherapy? \_\_\_\_\_ yes \_\_\_ no  
If yes, when? \_\_\_\_\_
4. Are you short of breath? \_\_\_\_\_ yes \_\_\_ no
5. Did you ever have heart surgery? \_\_\_\_\_ yes \_\_\_ no
6. Do you smoke? \_\_\_\_\_ yes \_\_\_ no



**Injected by:**

- J Simonds
- P Peguero
- D Komor
- S Hadlick
- S Marcello
- Other