|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | | | | | |
| **Was an ECG performed?** | |  | | Yes | | |
|  | |  | | No | |  |
| **Date:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | **Time:** | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | H | H | : | M | M | | |
| **Was the result abnormal?** | |  | | Yes | | |
|  | |  | | No | | |
|  | |  | |  | | |
| **If yes, was it clinically significant?** | |  | | Yes | | |
|  | |  | | No | | |
| **Comments:** | |  | |  | | |
|  | |  | |  | | |