Heart Sound Recorder Patient Consent Form,

I give _______ permission to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder (a general wellness cardiac stress monitor). I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph like those in hospitals or physicians and that it is not capable of diagnosing heart conditions and is not in any way a substitute for such a device. I further understand that the Heart Sound Recorder has not been reviewed or cleared by the US Food and Drug Administration. I understand that if I have or believe I have a heart condition, that I should see a physician qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a licensed physician, therapist, or healthcare practitioner.

The findings from this device can be used to support, but should not be used in place of sound medical therapies and recommendations.

I am giving permission to _______ to share my graph with other practitioners for educational purposes only so long as my name and other personal information are removed.

By signing below, I agree to the above.

Print Name:	
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Signature :		
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Date:____

HEART SOUND RECORDER SURVEY FORM

	Circle the corresponding number.	
1	MILD symptom (occurs rarely)	
and the second se	MODERATE symptom (occurs several times a month)	
3	SEVERE symptom (occurs almost constantly)	

If a symptom does not apply, do not circle anything for that symptom.

Ringing in ears

Tired throughout day

Dizziness

1.

2.

3.

1 2 3

1 2 3

2 3

1

Name:		
Date:		
Age:	DOB:	M / F
Height	Weight:	-

4.	1	2	3	Swollen ankles		
5.	1	2	3	Poor circulation		
6.	1	2	3	Breathing challenges		
7.	1	2	3	Afternoon "yawner"	,	
8.	1		3	,	reath, especially during exercise	
9.	1		3	Aware of "breathing		
10.	1		3	-	re in chest, worse on exertion	
11.	1	2	3	Fatigue upon exertio		
12.	1		3	0 1	o sleep easily, numbness	
13.	1	2	3	Muscle weakness		
14.	1	2	3	Muscle cramps, wor	se during exercise, get "charley horse"	
15.	1	2	3	Muscle spasms		
16.	1	2	3	Heart pounds at nig	ht	
17.	1	2	3			
18.	1	2	3			
19.	1	2	3	Heart flutters		
20.	1	2	3	Sensitive to cold		
Yes		No		Daily bowel movem	ent	
				Are you taking any	of the following medications?	
Yes		No		Cholesterol If y	es, name of medication:	
Yes		No		Blood pressure If y	res, name of medication:	
Yes		No		Blood sugar If y	yes, name of medication:	
Yes		No		Other If	yes, name of medication:	
Yes		No		Are you taking any	additional supplements? If yes, names of supplements:	

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL				
	Blood Pressure		Hydrochloric Acid Point	
	Enzyme Point	<u> </u>	Murphy's Sign (Gallbladder)	
	Heart Rate		pH of Saliva	
	Holding Breath Test (20 sec minimum)		SpO₂%	
Cuff Test: Pass / Fail Cuff Pressure: Pupil Dilation Exam: Pass / Fail				

RESTRICTIONS ON USE The Heart Sound Recorder Survey is to be used only by trained health care professionals. If you are a patient, you should not use the Heart Sound Recorder Survey. If you are not a trained health care practitioner, you should not use the Heart Sound Recorder Survey. Health care practitioners should only use the Heart Sound Recorder Survey to provide services that are within the scope of their license or professional training. The Heart Sound Recorder Survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.

PREPARING for a Heart Sound Recorder evaluation:

Hydrate – drink 6-8 oz of filtered or spring water prior to the test

women's long hair is helpful thinner layer of clothing. The microphone does fine listening through one layer Clothing - have the client dress so that they can comfortably get down to one bra to hold the microphone in place. Removing neck jewelry and clipping up Sports bras for women are the best. The microphone can be placed underneath the

- light meal, no alcohol, no catterne To have finished eating at least 1 1/2 hours prior to the test and have it be a
- No caffeine prior to the test...unless you want to see the effects of the caffeine on the heart's rate, rhythm and tone
- Have a relaxed time frame around the scheduled appointment. Ask the client to and where one needs to be next can influence the test leave some flexible time after the appointment. Being anxious of a tight schedule arrive 10 minutes early to be able to relax and come to center. Also ask them to
- Medications if you wish to see if they are affecting the client's progress, run the graph before taking any medications that day
- someone's nervous system, take a second graph without the devices on their body Electrical devices, computer watches – if suspecting they are interfering with
- For Rechecks SP supplements are food. They can be taken at normal intervals throughout the day. Run the graphs in the client's normal rhythm of eating and taking supplements. See the person as they are less "junk food" and poison