NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Name: …….. Date of Birth: ……

MEDICATION LIST		

MEDICAL HISTORY	
Asthma/COPD	Yes ☐ No ☐
Inhalers	
Frequency of use	
Previous MI	Yes ☐ No ☐
Previous Cardiac Intervention	
Presenting Symptoms	
Can the Patient Lie Flat, with Arms Raised?	Yes ☐ No ☐