Heart Sound Recorder

Preparing for Heart Sound Recorder Evaluation

HRS is a computer based Low Risk general wellness heart stress monitor.
In order for your test to be as accurate as possible, we ask you to follow the guidelines listed below:

- **Hydrate**- Make sure you have had adequate amounts of water
- **Clothing**- Thin layer of cotton clothing (a gown can be provided). Sports watches, fitbits need to be removed.
- **Flexibility on time**
- Arrive 10 minutes early so that you can relax (heart rate needs to be calm and centered)
- Leave time for after the appointment so you are not stressing about needing to be somewhere else after (a since of urgency will make you stressed and influence the test)
- **No caffeine** prior to test (within 2 hours of Recording)
- **Processed foods** (within 2 hours of recording)
- Avoid all processed foods (white flour, white rice….)sugar
- **Medications** (Depending on what Dr. Jozwiak has requested either with or without your medications) On first Evaluation take all medications as normal
- No big meals or spicy foods at least 2 hours prior to the scan.
- **Exercise-** no vigorous exercise or body therapy 2 hours prior to test

Cost is $50.00 per scan (price includes scan and reading of scan with Dr. Jozwiak). **The scan and supplements are not covered by insurance. Payment is due at time of service.**

The nutritional protocol recommended by Dr. Jozwiak must be "**Standard Process**" or "**MediHerb**" brands supplied by our office

I acknowledge the recommendations listed above

Signature _____ Date:_____

Chiropractic First, LLC
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Heart Sound Recorder Intake Form

Please take the time to fill out this form prior to your heart sound recorder test. This allows us to accurately provide recommendations based on your history as well as the test results.

Full Name:_____

Date of Birth:_____ Height:_____ Weight:_____ Age:_____

Stress Level: Lowest <——————————————————————————>Highest

0 1 2 3 4 5 6 7 8 9 10

Have you had any procedures or treatments of the heart? Yes or No (circle one)

List treatment/procedures: _____

Please list all medications you are currently taking. Include vitamins, nutritional supplements and herbs. Please tell us the purpose of each and dosage

Name (Medications First)	Reason	Brand	Dosage

Heart Sound Recorder Patient Consent Form

I give Chiropractic First, LLC permission to record the sound of my heart and to create a graph pf that sound on the Heart Sound Recorder (a general wellness cardiac stress monito). 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 is not in any way 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 to 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 consideration provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or life style 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 Chiropractic First, LLC to share my graph with other practitioners for educational purposes only so long as my name and other personal information is removed.

By signing below, I agree to the above.

Print Name:_____

Signature:_____

Date:_____