

## PSVT Place Registry

### Patient Case Report

Patient ID# 99990096

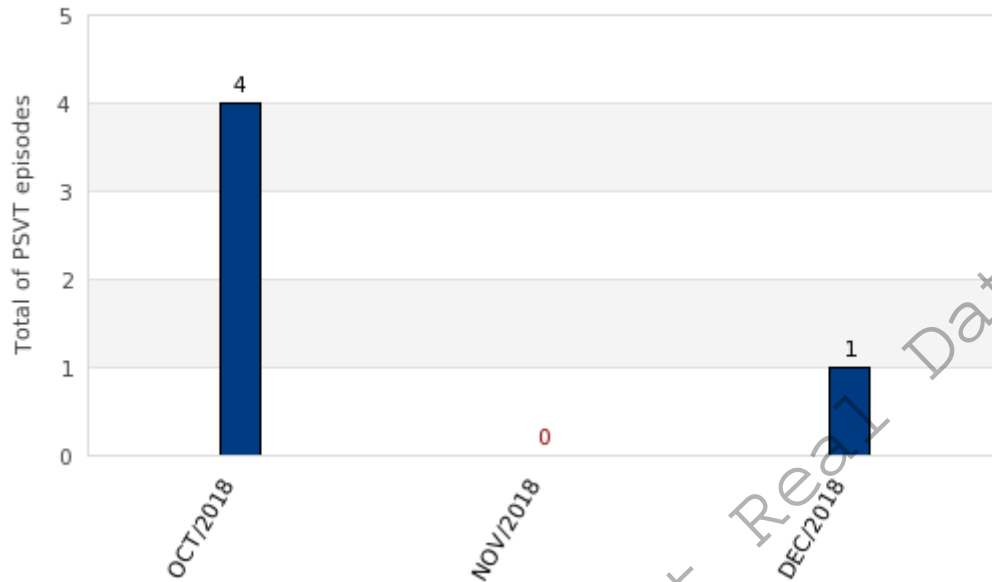
Date: 12/11/2018

Patient Information		PSVT History	
<b>Date of Birth:</b> 23/AUG/1980  <b>Gender:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F	<b>Doctor's Name:</b> Brown  <b>Office / Institution:</b> DeLorean  <b>City:</b> Hill Valley  <b>State:</b> USA  <b>Phone Number:</b> 01 02 03 04 05	<b>Date of First PSVT Symptoms:</b> 11/MAY/2016  <b>Date of PSVT Diagnosis:</b> 01/APR/2018	<b>Other Cardiac Condition(s):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Coronary artery disease (CAD) / "clogged arteries" <input type="checkbox"/> Myocardial infarction / heart attack <input checked="" type="checkbox"/> Congestive heart failure (CHF) / "weak heart" <input type="checkbox"/> Mitral Valve prolapse, mitral regurgitation, aortic stenosis / "leaky or faulty valves" <input type="checkbox"/> Hypertension / "high blood pressure" <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Atrial flutter <input type="checkbox"/> Congenital heart defect (any kind) <input checked="" type="checkbox"/> Enlarged heart <input checked="" type="checkbox"/> Heart murmur <input type="checkbox"/> Other:

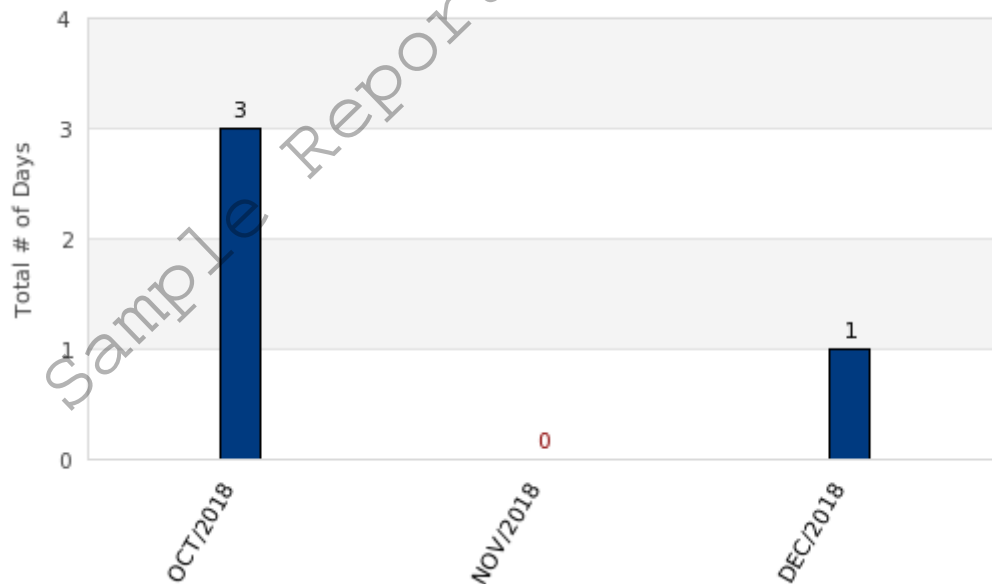
PSVT Episode Management	
<b>How are your PSVT episodes being managed?</b> <input checked="" type="checkbox"/> Cardiac ablation procedure Number of ablation procedures: 5 Date of most recent ablation procedure: 12/SEP/2018 <input type="checkbox"/> Prescription oral medication(s) <input checked="" type="checkbox"/> Manage at home	<b>Are you using cardiac monitoring devices or systems?</b> <input type="checkbox"/> No / Never <input checked="" type="checkbox"/> Yes <input type="checkbox"/> In the past, but not currently using a device or system <input checked="" type="checkbox"/> Currently using a device or system <input type="checkbox"/> Holter monitor <input checked="" type="checkbox"/> Personal EKG monitor <input type="checkbox"/> Blood pressure monitor <input type="checkbox"/> Device worn on the wrist (e.g. Fitbit) <input checked="" type="checkbox"/> Smartphone application <input type="checkbox"/> Other:

## PSVT Episode Summary Graphs

Number of PSVT Episodes by Month



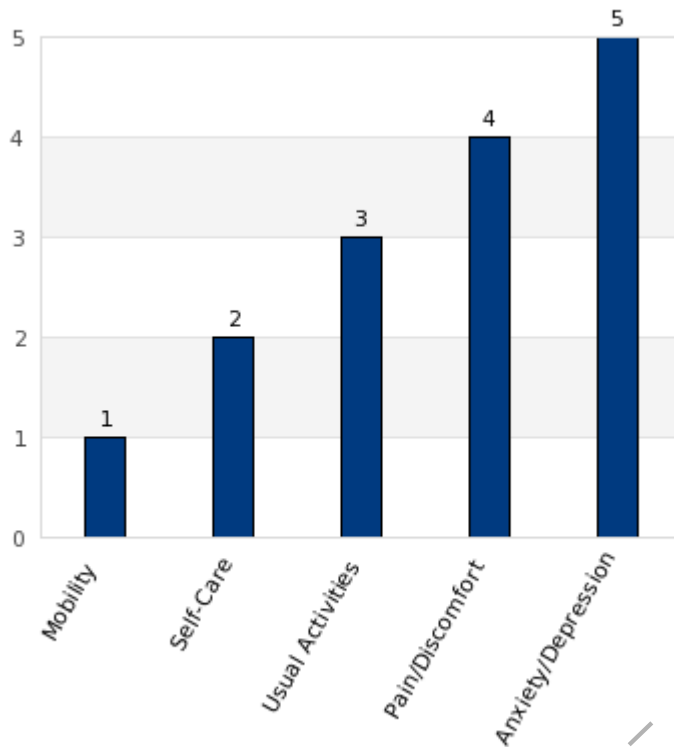
Number of Days with at Least One PSVT Episode by Month



**PSVT Episode Tracker**

Episode Date	Symptoms	Duration	Managed on your own/at home?	Went to the Emergency Department?	Admitted to the hospital?
05/OCT/2018	Feeling dizzy or lightheaded Fainting or passing out	Less than 2 minutes	Yes	No	No
13/DEC/2018	Rapid pulse Fainting or passing out	Between 10 and 30 minutes	No	Yes Vagal maneuvers : worked Received IV medicine : worked	No
05/OCT/2018	Being very tired	Between 2 and 5 minutes	No	No	No
02/OCT/2018	Rapid pulse Shortness of breath test	Between 10 and 30 minutes	Yes	Yes	Yes # days in hospital: 2
17/OCT/2018	Irregular heart beat Shortness of breath	Greater than 60 minutes	No	No	No

Sample Report - Not Real Data

**Date of EQ-5D Survey: 23/OCT/2018****EQ-5D Domains of Assessment****Health Scale**

The EQ-5D is a standardized survey that measures health status in order to provide a simple, generic measure of health and to assist in medical evaluations.

**Domains of Assessment Scoring:**

- 1 = no problems or symptoms
- 2 = slight problems or symptoms
- 3 = moderate problems or symptoms
- 4 = severe problems or symptoms
- 5 = extreme problems or symptoms

**Health Scale Scoring:**

- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.