Subject Number:	**Subject Initial**	

CASE REPORT FORM

Study No. ERIS/OS/ Version No.: 00 Dated:

Investigators Name:

Site Name and Address

Site No.:

Subject ID:

Written Informed Consent taken: Y/N (Tick on Y for Yes and N for No)

Demographics/ Anthropometric Assessment

Age (years)	
Gender	**Male** **Female** **Others**
Height (in cm)	**_____cm**
Weight (in kg)	**_____kg**
BMI (kg/m^2)	**_____kg/m^2**

Lifestyle Factors: (Please mark √ in the relevant boxes)

Sr. No.	Lifestyle factor(s)		Present (Yes/No)		
1	**Alcohol Consumption**		Yes [ ]	No [ ]	
	If yes, since _____years				
	If yes, During past 12 months ; how frequently have you had at least one alcoholic drink?				
	Quantity	30 ml	30 – 60 ml	More than 60 ml	
	Frequency	Daily [ ]	Weekly [ ]	Monthly [ ]	
2	**Tobacco Consumption**		Yes [ ]	No [ ]	
			If yes, since _____years		
3	**Smoking**		Yes [ ]	No [ ]	
			If yes, since _____years		
	Number of cigarettes per day		> 20 [ ]	10-20 [ ]	<10 [ ]
4	**Dietary Habits**		Vegetarian	Non-vegetarian	Vegan [ ]

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		[ ]	[ ]	

Medical History: (Please mark √ in the relevant boxes)

Co-morbid conditions	Present [Yes/No]		If Yes, since how many years
Diabetes Mellitus	Yes [ ]	No [ ]	
Hypertension	Yes [ ]	No [ ]	
Dyslipidemia	Yes [ ]	No [ ]	
Obesity (BMI ≥25kg/m^2)	Yes [ ]	No [ ]	
Chronic Kidney Disease	Yes [ ]	No [ ]	
Coronay Heart Disease	Yes [ ]	No [ ]	
Arrhythmias	Yes [ ]	No [ ]	
Heart Failure	Yes [ ]	No [ ]	
Rheumatoid Arthritis	Yes [ ]	No [ ]	
Other (Please Specify)			

Medication History (Please mark √ in the relevant boxes)

Ongoing Hypertension therapy	Yes [ ]	No [ ]
Ongoing Diabetes therapy	Yes [ ]	No [ ]
Ongoing Dyslipidemia therapy	Yes [ ]	No [ ]
Any other (Please Specify)		

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Reason of ECG (Please mark √ in the relevant boxes)

Reasons	Tick Here(√)
Cardio-metabolically Deranged Patients (asymptomatic)	
Or (Symptomatic)	
Chest pain	
Syncope	
Palpitation	
Shortness of breath	
Fatigue or Weakness	
Dizziness or Light headedness	
Weakness or Fatigue	
Nocturnal Symptoms (Palpitation, Shortness of Breath, Chest Pain)	
Post Prandial Symptoms like chest pain	
Diaphoresis (excessive sweating)	
Any other (Specify)	

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Physician Interpretation