

ANGIOPLASTY



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the date(s) of the angioplasty (PTCA):
2. How many vessels required the procedure? _____
3. Why was an angioplasty done? (give specific details)
4. Does client's family have any history of heart disease?
5. Has client had any of the following?:
___ heart attack _____ (date)
___ bypass surgery _____ (date)
6. Has a follow-up stress (exercise) ECG been completed since procedure?:
___ yes-normal _____ (date)
___ yes-abnormal _____ (date)
___ no
7. Has client had any chest discomfort since the procedure?
___ yes; give details _____
___ no
8. Has client had any of the following?:
___ abnormal lipid levels ___ diabetes
___ overweight ___ elevated homocysteine
___ high blood pressure ___ peripheral vascular disease
___ irregular heart beats ___ cerebrovascular or carotid disease
9. What medication is client on (including aspirin)? (accurate name, dosage, and reason)
10. Are there any other health problems?