

CONGESTIVE HEART FAILURE



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What is the cause of the CHF?
2. When was the diagnosis made? _____
3. Has the client had surgical heart repair?
__yes; type: _____ date: _____
__no
4. Does client have a history of any of the following? (provide details)
__hypertension _____
__coronary artery disease _____
__chronic obstructive pulmonary disease _____
__pacemaker _____
5. Has an angiogram, echocardiogram, stress test, or heart scan been done?
__yes; give details (provide a copy if available)
__no
6. Is client on any medications? (accurate name, dosage, and reason)
7. Does client have any other major health problems? (if yes, give details)