

HEART FAILURE



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What was the cause of heart failure? _____

2. When was the diagnosis made? _____

3. Has client had surgical heart repair?

____ Yes; type: _____ date: _____
____ No

4. Does client have a history of any of the following (please provide details or complete the questionnaire for the condition):

____ Hypertension _____

____ Coronary artery disease _____

____ Chronic obstructive pulmonary disease _____

____ Pacemaker _____

5. Has an angiogram, echocardiogram, stress test, or heart scan been done?

____ Yes; please provide details _____
____ No

6. Is client on any medications? (accurate name, dosage, and reason)

7. Does your client have any other major health problems? (additional questionnaires may be required)