



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. When and where was the stent put in?
2. What type of stent was put in?
3. Why was the stent put in?
4. How many vessels were involved?
5. Has the applicant had an imaged stress test done?

If yes, when and what were the results?

What type of follow-up testing has been done? Results?

6. Was there a heart attack prior to the stent being put in?
7. Is there family history of heart disease? Give details
8. Is applicant taking any medications? (accurate name, dosage, and reason)
9. Give any other details regarding client's medical history that were not asked above:  
(additional questionnaires may be required)