

CORONARY BYPASS

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. List date(s) procedure was done:
2. Does client's family have any history of heart disease? Give details:
3. Has client had any of the following?:
 heart attack _____ (date)
 coronary angioplasty (PTCA) _____ (date)
 heart failure _____ (date)
 valve surgery _____ (date)
4. Number of vessels by-passed?
5. How badly were the vessels occluded (percentage)?
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? (accurate name, dosage, and reason)
10. Are there any other health problems?