

ANGIOPLASTY

CLIENT NAME: _____

Submit the Impaired Risk 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, & reason)
10. Are there any other health problems?