

HEART ATTACK – MYOCARDIAL INFARCTION

CLIENT NAME: _____

Submit the Impaired Risk Questionnaire with this form

1. List date(s) of the heart attack(s):

2. Has the client had any of the following:

<input type="checkbox"/> echocardiogram	_____	date
<input type="checkbox"/> coronary catheterization	_____	date
<input type="checkbox"/> coronary angioplasty	_____	date
<input type="checkbox"/> bypass surgery	_____	date
<input type="checkbox"/> heart failure	_____	date
<input type="checkbox"/> arrhythmias	_____	date

3. Is client taking any medication now (Y/N)? (*accurate spelling, dosage*)

4. Has a follow-up stress (exercise) ECG been completed since the heart attack:

yes, give details _____
 no

5. Please check if your client has had any of the following:

<input type="checkbox"/> abnormal lipid levels	<input type="checkbox"/> diabetes	age of onset: _____
<input type="checkbox"/> overweight	<input type="checkbox"/> elevated homocysteine	
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> peripheral vascular disease *	
<input type="checkbox"/> irregular heart beats*	<input type="checkbox"/> cerebrovascular or carotid disease	

**these conditions require an additional questionnaire to be completed, please request.*

6. Does client have any other major health problems? (if yes give details)