

# HEART MURMUR

Client Name: \_\_\_\_\_

1. What type of murmur does client have?  
 Aortic Stenosis       Aortic Regurgitation       Aortic Insufficiency  
 Mitral Stenosis       Mitral Regurgitation       Mitral Insufficiency  
 Pulmonic Stenosis       Flow Murmur       Innocent Murmur
2. When was the heart murmur first discovered?
3. Does client have a history of rheumatic fever?
4. When was the client last seen by a physician for the heart murmur?
5. When was the last echocardiogram done? And results
6. Was a cardiac catheterization ever done (Y/N)?  
When?
7. Is client taking any medications? (name & dosage)
8. Does client have any symptoms or any limitation of activities?
9. Has client had any heart surgery or has surgery been discussed? (give details)
10. Does client have any other major health problems?