

VALVE DISORDER

CLIENT NAME: _____

Submit the Impaired Risk Questionnaire with this form

1. How long has this abnormality been present? _____

2. Please check the type(s) of valve disorder present?

mitral Stenosis

mitral regurgitation

mitral valve prolapse

3. Have any of the following occurred?:

Chest pain yes no

Trouble breathing yes no

Heart failure yes no

Palpitations yes no

Atrial fibrillation/flutter yes no

4. Is there a history of any other heart disease in addition to the mitral valve disorder (problems with other valves, coronary artery disease, etc.)?

yes, give details: _____

no

5. Have additional studies been completed? (check all that apply)

echocardiogram _____ (date)

cardiac catheterization _____ (date)

none

6. Is client on any medication? (name and dosage)

7. Are there any other health problems?