



## CORONARY ARTERY DISEASE QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

Gender: MALE  FEMALE

When was CAD first diagnosed? \_\_\_\_\_

Was there a heart attack? YES  NO

Treatment (check all that apply):

- Angioplasty or balloon procedure (Dates: \_\_\_\_\_)
- Stents (Dates: \_\_\_\_\_)
- Bypass surgery (Date: \_\_\_\_\_)
- Medical Management only

How many vessels were involved/treated? \_\_\_\_\_

Do you know which vessels (check all that apply):

- LM (left main)
- LAD (left anterior descending)
- LCX (left circumflex)
- RCA (right coronary artery)
- A minor branch (diagonals, obtuse marginals, septal)

Date of most recent stress test? \_\_\_\_\_

Results: \_\_\_\_\_

Any history of the following? (check all that apply):

- Diabetes
- Hypertension
- Family history of CAD ( Details: \_\_\_\_\_)
- Cardiac arrhythmia (Atrial Fib, Tachycardia, etc.)
- Valvular heart disease (aortic/mitral insufficiency, regurgitation, stenosis)
- Stroke or TIA
- Sleep apnea
- Congestive Heart Failure (CHF)
- Cardiomyopathy

Is there regular follow-up? YES  NO

Do you currently use any type of nicotine/tobacco products? YES  NO   
If yes, type of tobacco used? Cigarettes  Cigars  Chew  Pipe  Patch/gum

Have you ever used nicotine/tobacco in the past? YES  NO   
Type used & date quit: \_\_\_\_\_

Any other major health impairments? \_\_\_\_\_  
\_\_\_\_\_

Please list all medications & dosages: \_\_\_\_\_  
\_\_\_\_\_