



## HEART FAILURE QUESTIONNAIRE

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

When was heart failure first diagnosed? \_\_\_\_\_

Check the underlying cause:

- CAD (Coronary Artery Disease) or Heart Attack
- Valvular heart disease
- Cardiomyopathy
- Hypertension
- Infection (Endocarditis or Myocarditis)
- Congenital heart problem
- Arrhythmia
- Other: \_\_\_\_\_
- Unknown

Treatment?

- Bypass, Angioplasty, stents (Date & # of vessels: \_\_\_\_\_)
- Valve repair or replacement (Date & which valve: \_\_\_\_\_)
- Pacemaker (Date: \_\_\_\_\_)
- Medications (list below)
- Other surgical procedure (Date & details: \_\_\_\_\_)

Date of most recent stress test? \_\_\_\_\_ Was it normal? YES  NO

Date of most recent echocardiogram? \_\_\_\_\_ Ejection Fraction: \_\_\_\_\_

Are there any ongoing symptoms or limitations? YES  NO

If yes, details: \_\_\_\_\_

Do you currently use any type of nicotine/tobacco products? YES  NO

If yes, type of tobacco used? Cigarettes  Cigars  Chew  Pipe  Patch/gum

If no, have you ever used nicotine/tobacco in the past? YES  NO

Type used & date quit: \_\_\_\_\_

List all other medical problems/impairments: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_