

Heart Failure

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client is known to have a history of HF, please answer the following:

1. What was the cause of HF: _____

2. When was the diagnosis made _____

3. Has your client had surgical heart repair?

yes, type: _____ date? _____

no

4. Does your client have a history of any of the following (please provide details):

Hypertension _____

coronary artery disease _____

chronic obstructive pulmonary disease _____

pacemaker

5. Has an angiogram, echocardiogram, stress test, or heart scan been done?

yes, (please provide a copy)

no

6. Is your client on any medications?

yes, please give details _____

no

7. Does your client have any other major health problems (ex: cancer, diabetes, etc.)?

yes, please give details _____

no

8. Has your client smoked cigarettes in the last 12 months?

yes

no