

Coronary Artery Bypass Graft (CABG)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had coronary bypass surgery, please answer the following:

1. Please list date(s) of the bypass surgery: _____

2. How many vessels were bypassed?: _____

3. Has your client had any of the following?

heart attack _____(date)

coronary angioplasty (PTCA) _____(date)

heart failure _____(date)

valve surgery _____(date)

4. Is your client on any medications (including aspirin)?

yes, please give details _____

no

5. Has a follow-up stress (exercise) ECG been completed since the CABG?

yes – normal _____(date)

yes – abnormal _____(date)

no

6. Has your client had any chest discomfort since the bypass surgery?

yes, please give details _____

no

7. Please check if your client has had any of the following:

abnormal lipid levels

diabetes

overweight

elevated homocysteine

high blood pressure

peripheral vascular disease

irregular heart beat

cerebrovascular or carotid disease

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

yes

no

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

yes, please give details _____

no

Please submit a copy of the angiogram report and any recent stress tests.