

## PTCA

Client's Name \_\_\_\_\_

If your client has had a coronary angioplasty (PTCA), please answer the following:

1. Please list date(s) of the angioplasty (PTCA): \_\_\_\_\_
2. Has your client had any of the following?  
 heart attack \_\_\_\_\_ (date)  
 bypass surgery \_\_\_\_\_ (date)
3. Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
4. Has a follow-ups stress (exercise) ECG been completed since the PTCA?  
 yes, - normal \_\_\_\_\_ (date)  
 yes, - abnormal \_\_\_\_\_ (date)  
 no
5. Has your client had any chest discomfort since the PTCA?  
 yes, please give details \_\_\_\_\_  
 no
6. Please check if your client has had any of the following:  
 elevated cholesterol                       diabetes  
 overweight                                       family history of heart disease  
 high blood pressure

