

CABG

Client's Name _____

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

1. Please list date(s) of the bypass surgery: _____
2. Has your client had any of the following?
 - heart attack _____ (date)
 - coronary angioplasty (PTCA) _____ (date)
 - heart failure _____ (date)
 - valve surgery _____ (date)
3. Is your client on any medications?
 - yes, please give details _____
 - no
4. Has a follow-up 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 bypass surgery?
 - yes, please give details _____
 - no

