



HISTORY OF A-FIB / CONGESTIVE HEART FAILURE / CORONARY ARTERY DISEASE / HYPERTENSION

What specific circulatory, heart or vascular diagnosis do you have?

When was the diagnosis?

What is your average BP reading?

Have you ever had a stent, bypass or heart valve repair or replacement performed? If so, when, how many vessels and what was done?

Do you have a history of oxygen use? If so, how often and when was use concluded?

Do you have a history of steroid use? If so, when was the last use and what medication and dosage was it?

Have you ever been hospitalized for a respiratory disorder? If so, when and what for?

Do you use a nebulizer? If so, how often over the last year and when was the last use?

Do you suffer any symptoms such as shortness of breath, dizziness, fainting, weakness and/or fatigue? How much activity do you perform before having symptoms?

Do you have any history of any kidney disorders, decreased renal function, diabetes, COPD, cardiomyopathy, stroke or TIA?

Have you ever used tobacco products? If so, when was the last usage?

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If you have A-Fib, how many episodes have you had in the past year, when was the last and are you or have you ever been on a blood thinner?

Any additional concerns and/or information you can provide regarding this history?
