

Your/Your Child's Coronary Artery Disease Visit - What to Expect, What to Ask

Your Name: _____ Your Relationship to the patient: _____
 Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?
 None Move Job Change Separation Divorce Death in the family New pet Other?
 Describe: _____

GENERAL HEALTH INFORMATION: Since Your Last Visit	Yes	No	Unsure
Have you (or your child) had any major illness and/or hospitalizations?			
Have you or anyone in your family (or your child's relatives) developed any new medical problems?			
Are there any changes to your (or your child's) medications?			
Are your (or your child's) immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you (or your child) smoke (includes inside or outside the house)?			

Have you (or your child) been seen in the emergency room in the last 6 months for coronary artery disease related problems?
 No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Have you (or your child) been hospitalized for coronary artery disease related problems in the last 12 months?
 No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Do you (or your child) have any of the following coronary artery disease symptoms currently?
 Chest tightness, pain, or pressure Sweating Shortness of breath Faster heart beat Irregular heart beat

Do you (or your child) have chest pain with any of the following?
 Exercise or increased activity Eating Excitement or stress Exposure to cold

Ask your (or your child's) doctor about any specific concerns about coronary artery disease.

Would you like to get more information on any of the topics below?

Medications/Treatments	Symptoms	Health Promotion	Nutrition
<ul style="list-style-type: none"> • Medications • Weight loss • Lab tests • EKG • Stress test • Heart catheterization • Heart specialist • Herbal remedies 	<ul style="list-style-type: none"> • Signs of CAD • Complications of CAD • CAD risk factors • Causes of CAD 	<ul style="list-style-type: none"> • Smoking Cessation • CAD prevention • Exercise routine • When to call doctor • Dental appointment 	<ul style="list-style-type: none"> • Healthy diet • Calorie intake • Healthy snacks • Decrease fat intake • Alcohol intake

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.