

# Coronary artery disease questionnaire - Physician

Full name of applicant:

Application number:

1. Please state the precise diagnosis.

2. When did the symptoms first start?

3. If more than one event, please advise dates of each major episode.

4. Investigations:

a) Please provide the results of any resting or exercise ECGs performed.

b) Please provide detailed results of any echocardiogram, including LVEF subsequent to the most acute event.

c) If the patient underwent coronary angiography or similar, please provide the complete details including which vessels were diseased and percentage blockage in each.

d) Please advise the results of any blood tests (Troponin, CK-MB, etc.) done at the time of the acute event.

5. Treatment:

a) What medications are currently taken by your patient.

b) Please advise full details of any surgery carried out or expected in the future.

6. Please describe your patient's current symptoms and comment on any limitation of functional capacity or reduction in exercise tolerance.

7. Please advise full details of any cardiovascular risk factors and if these are now controlled.

8. Please give details of any other factors or co-morbid conditions which may influence the prognosis of the cardiovascular disease.

9. If possible, please attach copies of any hospital correspondence relating to both the acute event(s) and residual cardiac condition.

Signature

Date

Please print name and add clinic stamp