Affix computer I.D. here

PATIENT HISTORY

Name _____

Date ____/____/____ DATE04
Mo. Day Yr.

Birthdate ____/____/____ Sex: 1 Male ☐ 2 Female ☐ Race: 1 White ☐ 2 Black ☐ 3 Other ☐
Mo. Day Yr.

SEX04

1. **Is there a history of angina pectoris or myocardial infarction** before age 55 in any of the patient's parents, siblings, aunts, or uncles (related by blood)? HISTRY04
   1 Yes ☐ 2 No ☐ 3 Unknown ☐ If yes, how many?_____

2. **Cigarettes** CIGRTS04
   1 Presently smokes cigarettes ☐ 2 Formerly smoked cigarettes ☐ 3 Never smoked cigarettes ☐
   Peak daily consumption of cigarettes. 1 1 pack ☐ 2 1-2 packs ☐ 3 2 packs ☐ CNSMPN04
   How many years has the patient smoked cigarettes? YEARS04 Pack-years PACKYR04
   Year patient quit smoking cigarettes. 19

3. **Pipe** PIPE04
   1 Presently smokes a pipe ☐ 2 Formerly smoked a pipe ☐ 3 Never smoked a pipe ☐

4. **Cigars** CIGARS04
   1 Presently smokes cigars ☐ 2 Formerly smoked cigars ☐ 3 Never smoked cigars ☐

5. **Employment** (check one in each group)
   A. 1 Full-time ☐ 2 Part-time ☐ 3 Retired ☐ 4 Quit ☐ 5 Other ☐ EMPLOY04
   B. 1 Laborer ☐ 2 Clerical ☐ 3 Professional ☐ 4 Homemaker ☐ 5 Other ☐ OCCUP04

6. **Recreational Activity** (refers to the last three months) RECRTN04
   1 Strenuous ☐ 2 Moderate ☐ 3 Mild ☐ 4 Sedentary ☐

7. **Medical History**

		1 Yes	2 No	3 Uncertain
Hypertension	HYPTEN04	☐	☐	☐
Diabetes	DIABET04	☐	☐	☐
Cerebrovascular	CERBRV04	☐	☐	☐
Peripheral arterial	OTHCARD	☐	☐	☐
Valvular heart disease	OTHCARD	☐	☐	☐
Chronic pulmonary	CHRPUL04	☐	☐	☐
Thrombophlebitis	OTHCARD	☐	☐	☐
Hepatic	HEPAT04	☐	☐	☐
Renal	RENAL04	☐	☐	☐
Gout	GOUT04	☐	☐	☐
Neoplastic	NEOPLS04	☐	☐	☐
Peptic ulcer	ULCER04	☐	☐	☐
Other: _____	OTHILL04	☐	☐	☐

For clinic use: _____

☆ GPO 797-709

8. History of previous myocardial infarction. 1 Yes ☐ 2 No ☐ PREVMI04

If yes, 1 Multiple ☐ 2 Single ☐ MLTSNG04

Date of first MI____/____; or check if silent MI ☐ SILFMI04
Mo. Yr.

AGEFMI

Was this MI documented by medical record? 1 Yes ☐ 2 No ☐ 3 Unknown ☐ DOCFMI04

Date of most recent MI____/____/____; or check if silent MI ☐ SILRMI04
Mo. Day Yr.

DVRMI04

Was this MI documented by medical record? 1 Yes ☐ 2 No ☐ 3 Unknown ☐ DOCRMI04

9. History of cardiac arrest. 1 Yes ☐ 2 No ☐ CAREST04

If yes, give number of events

Date of most recent event____/____/____
Mo. Day Yr.

Was most recent event documented by ECG? 1 Yes ☐ 2 No ☐ 3 Unknown ☐

Was ECG obtained? 1 Yes ☐ 2 No ☐

If yes, indicate if ECG showed evidence of the following.

Ventricular fibrillation ☐ Ventricular tachycardia ☐
Ventricular bradycardia ☐ Asytole ☐

Did this cardiac arrest occur immediately before or as a complication of myocardial infarction?

1 Yes ☐ 2 No ☐

10. Previous cardiac surgery. 1 Yes ☐ 2 No ☐ PREVSR04

If yes, note number of procedures and year of most recent procedure(s).

Coronary artery surgery: Number of procedures____ Most recent, 19___

If known, indicate whether

Vein bypass graft ☐ IMA bypass graft ☐
Vineberg procedure ☐ Coronary endarterectomy ☐ ENDART04

Valvular surgery: Number of procedures____ Most recent, 19___

Myocardial surgery: Number of procedures____ Most recent, 19___

If known, indicate whether

Aneurysmectomy ☐ Infarctectomy ☐

Pacemaker surgery: Number of procedures____ Most recent, 19___

Pericardial surgery: Number of procedures____ Most recent, 19___

Vascular surgery: Number of procedures____ Most recent, 19___

If known, indicate whether

Thoracic surgery ☐ Abdominal aortic surgery ☐ Aortic surgery ☐
Peripheral arterial ☐ Other ☐

Other: Number of procedures Most recent, 19___

Specify (20 - Keystroke limit)_____