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PRESENT ILLNESS PROFILE

Name _____

Date ____/____/____ DATE05
Mo. Day Yr.

1. **Predominant symptom** SYMPTM05
1 Asymptomatic ☐ 2 Heart failure ☐ 3 Angina ☐ 4 Arrhythmia ☐ 5 Other ☐

2. **Is chest pain present (within 6 weeks)?** 1 Yes ☐ 2 No ☐ CHPAIN05
If yes,
2.1 Precipitating factors of chest pain.

		1 Yes	2 No	3 Uncertain
Walking	WALKNG05	☐	☐	☐
Armwork	ARMWRK05	☐	☐	☐
Eating	EATING05	☐	☐	☐
Emotion	EMOTIN05	☐	☐	☐
Coitus	COITUS05	☐	☐	☐
Rest (decubitus or nocturnal)	REST05	☐	☐	☐
Other	OTHFCT05	☐	☐	☐

2.2 Time since first episode of chest pain. ____/____/____ FRSTCP05
Yrs. Mos. Wks.

2.3 Duration of chest pain symptoms (present level of symptoms). ____/____/____ WKSCP05
Yrs. Mos. Wks.

2.4 1 Definite angina ☐ 2 Probable angina ☐ 3 Probably not angina ☐ 4 Definitely not angina ☐ ANGINA05

2.4.1 If definite or probable angina, check Canadian Heart Class.
1 I ☐ 2 II ☐ 3 III ☐ 4 IV ☐ 5 Unrelated to exertion ☐ CHCLAS05

2.4.2 If definite or probable angina, is it unstable angina? 1 Yes ☐ 2 No ☐ UNSTBL05
If yes,

		1 Yes	2 No
New onset	NEW05	☐	☐
Rest angina	RSTANG05	☐	☐
Acute coronary insufficiency	CORINS05	☐	☐
Changing pattern	CHNGNG05	☐	☐

1 worsening ☐
2 improving ☐

3. **Has congestive heart failure been present at any time?** CHF05 1 Yes ☐ 2 No ☐ 3 Unknown ☐
If yes, answer the following.
3.1 Recent (within 2 months) symptoms attributed to C.H.F.

		1 Yes	2 No
Orthopnea	ORTHOP05	☐	☐
Paroxysmal nocturnal dyspnea	PND05	☐	☐
Dyspnea on exertion	DOE05	☐	☐
Edema	EDEMA05	☐	☐

For clinic use: _____

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 Name _____

3.2 Functional impairment due to C.H.F. IMPAIR05 1 None ☐ 2 Mild ☐ 3 Moderate ☐ 4 Severe ☐

3.3 Present trend (within 6 months) 1 Worsening ☐ 2 Improving ☐ 3 Stable ☐

3.4 Duration of present trend of heart failure symptoms. ____/____/____ Yrs. Mos. Wks.

3.5 Time since first episode of C.H.F. ____/____/____ Yrs. Mos. Wks.

4. Current therapy (within 2 months)

Medication		1 Yes	2 No	Specify medication (not dose) where indicated. Please print.
Nitroglycerin	NITROG05	☐	☐	
Long-acting nitrates	NITRAT05	☐	☐	specify _____
Antiarrhythmics	ANTIAR05	☐	☐	specify _____
Beta-blocking agent	BETABL05	☐	☐	specify _____
Calcium-blocking	CALCBL05			
Antiplatelet agents	ANTIPL05	☐	☐	
aspirin	ASPRIN05	☐		
dipyridamole	DIPYRD05	☐		
other	OTHERA05	☐		specify _____
Anticoagulation	ACOAG05	☐	☐	specify _____
Digitalis	DIGITL05	☐	☐	
Diuretic	DIURET05	☐	☐	
furosemide	FURO05	☐		
ethacrynic acid		☐		
thiazides	THIAZ05	☐		
aldactone	ALDAC05	☐		
other	OTHERD05	☐		specify _____
Antihypertensive agent (except diuretics)	ANTHYP05	☐	☐	specify _____
Lipid-lowering agent	LIPID05	☐	☐	specify _____
Hypoglycemic agent	HYPOGL05	☐	☐	specify _____
insulin	INSULN05	☐		
oral	ORAL05	☐		
Tranquilizers/sedatives	TRANQU05	☐	☐	
CNS stimulant		☐	☐	

Diet

Weight reduction diet	WTDIET05	☐	☐
Triglyceride reduction diet	TRDIET05	☐	☐
Diabetic diet	DBDIET05	☐	☐
Low cholesterol diet	CHDIET05	☐	☐
Salt restriction diet	STDIET05	☐	☐

Other OTHTX05

Pacemaker		☐	☐
Oral contraceptives		☐	☐
Supervised exercise program		☐	☐
Other		☐	☐ specify _____

_____
Name of person filling out form

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