

Angina

“Chest pain” is often a vague and nondescript symptom which can be caused from many conditions, such as: esophageal disease, hiatal hernia, peptic ulcer disease, pleurisy (inflammation of lining of the lung), chest wall muscle or ligament strains, anxiety disorders, pericarditis (inflammation of lining of the heart), and tumors. Ischemic chest pain (angina) is usually associated with exertion, or it can be brought on by cold, eating, or emotional stress. It is caused by a lack of blood flow to the heart muscle. It can be relieved by rest, oxygen, or nitroglycerin. Angina is often described as a squeezing or crushing substernal pain radiating to the jaw, neck, shoulders, or arms. The likelihood that the chest pain is angina is determined by the presence of well recognized cardiac risk factors, such as: male sex, age over 40, smoker, family history of heart disease, diabetes, hypertension, and abnormal lipid profile, such as an elevated cholesterol level.

There are many ways to evaluate angina:

- Resting EKG - Stress EKG
- Thallium Stress Test - MUGA Scan
- Stress Echo - Ultrafast CT of the heart
- Angiogram (cardiac catheterization)

If your client has had chest pain or angina, please answer the following:

1. Please list date when first occurred? _____

2. Is your client on any medications (including aspirin)?

If Yes (Please give details)

3. Has your client had any of the following tests? (please check all that apply and give date and results)

Resting EKG Stress Echocardiogram _____

Thallium Stress EKG Ultrafast CT _____

Angiography Muga Scan _____

Stress EKG _____

4. Please check if your client has had any of the following:

High Blood Pressure Family History of Heart Disease _____

Diabetes Abnormal Lipid Levels _____

Elevated Homocysteine _____

5. Please provide the client's most recent readings for:

Heart Attack(s); please give dates _____

Bypass Surgery(ies); please give dates _____

of vessels _____

Angioplasty(ies); please give dates _____

of vessels _____

6. Has your client smoked cigarettes or any other form of tobacco in the last 5 years? If Yes (Please give details) _____

7. Does your client have any other major health problems (ex: cancer, etc.)?
If Yes (Please give details)
