

## Heart Disease in Women

Many women know that heart disease is the number one killer in the United States - of men. But the widespread belief that heart disease is exclusively a man's problem is a myth. Cardiovascular disease is the number one killer of women as well as men. More American women die each year of cardiovascular disease than of breast cancer, uterine cancer, and lung cancer combined. The American Heart Association has called heart disease in women "*the silent epidemic*." Coronary artery disease (CAD) in women differs from men in many ways. These differences occur in risk factors, diagnosis, and treatment outcomes.

**If your client has had coronary artery disease, please answer the following:**

**1. Please list date(s) of the heart attack(s):**

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**2. Has your client had any of the following:**

Echocardiogram \_\_\_\_\_ (date) \_\_\_\_\_

Coronary catheterization \_\_\_\_\_ (date) \_\_\_\_\_

Coronary angioplasty \_\_\_\_\_ (date) \_\_\_\_\_ (# of vessels) \_\_\_\_\_

Bypass surgery \_\_\_\_\_ (date) \_\_\_\_\_ (# of vessels) \_\_\_\_\_

Heart failure \_\_\_\_\_ (date) \_\_\_\_\_

Arrhythmias \_\_\_\_\_ (date) \_\_\_\_\_

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

If Yes, please give details

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**4. Has a follow-up stress (exercise) ECG been completed since the heart attack?:**

Yes, normal \_\_\_\_\_ (date) \_\_\_\_\_

Yes, abnormal \_\_\_\_\_ (date) \_\_\_\_\_

No \_\_\_\_\_

**5. Has your client had any chest discomfort since the heart attack?**

If Yes, please give details

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**6. The cause of the irregular heart beat is due to:**

Abnormal lipid levels \_\_\_\_\_ Diabetes \_\_\_\_\_  
Overweight \_\_\_\_\_ Elevated homocysteine \_\_\_\_\_  
High blood pressure \_\_\_\_\_ Peripheral vascular disease \_\_\_\_\_  
Irregular heart beats \_\_\_\_\_ Cerebrovascular or carotid disease \_\_\_\_\_

**7. Has your client smoked cigarettes or used any other tobacco in the last 5 years?**

If Yes give details \_\_\_\_\_

**8. Does your client have any other major health problems (ex: stroke, etc.)?**

If Yes (Please give details)

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**Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).**