

## Myocardial Infarction (heart attack)

Heart attacks are a leading cause of death in America. They result from blood vessel disease in the heart. Infarction occurs as the blood supply to an area becomes totally blocked, usually as a result of coronary artery disease. An area of partial blockage may clot (thrombose) or may rupture causing an obstruction to the blood supply to heart muscle. If the blood supply is cut off drastically or for a long time, muscle cells suffer irreversible injury and die. Disability or death can result, depending on how much heart muscle is damaged. The diagnosis of myocardial infarction is usually made by the presence of severe chest pain, characteristic electrocardiographic changes, and elevated cardiac enzymes. Silent myocardial infarctions (wherein the patient has no knowledge that an infarction occurred at some time in the past) are fairly common, especially in diabetics, and may be noted on the ECG during an insurance work-up. Sometimes a coronary artery temporarily goes into spasm. When this happens, the artery narrows and blood flow to part of the heart muscle decreases or even stops. What causes a spasm is unclear, but it can occur in normal blood vessels as well as vessels partially blocked by atherosclerosis. If a spasm is severe, a heart attack may result.

**If your client has had a myocardial infarction (heart attack), please answer the following:**

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

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 \_\_\_\_\_

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 \_\_\_\_\_

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

Abnormal lipid levels \_\_\_\_\_ Diabetes \_\_\_\_\_

Overweight \_\_\_\_\_ Elevated homocysteine \_\_\_\_\_

High blood pressure \_\_\_\_\_ Peripheral vascular disease \_\_\_\_\_

Irregular heart beat \_\_\_\_\_ Cerebrovascular or carotid disease \_\_\_\_\_

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

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

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

If Yes, please give details \_\_\_\_\_