Mission Hospital

CARDIOPULMONARY REHABILITATION CENTER

About You

For Valve Patients

Name: _____

Date: _____

Please answer the following questions. There may be more than one answer.

NATURE OF HEART DISEASE

Even though you may not have heart disease now, that doesn't mean you won't develop it in the future. By addressing risk factors for heart disease now, you can possibly avoid or delay the onset of coronary artery disease. Risk factors are a combination of genetic (hereditary) characteristics and lifestyles that increase the incidence of heart disease.

All of the following are risk factors for heart disease. Identify **YOUR RISK FACTORS.**

- ☐ Blood fat levels (lipids/cholesterol)
- ☐ Hypertension (High blood pressure)
- ☐ Overweight
- ☐ Stress and how you cope
- ☐ Type-A personality (intense, driven, find it hard to relax, inappropriate anger/hostility, hold in emotions
- ☐ Sedentary (inactive) lifestyle
- ☐ Sleep Apnea
- ☐ High fat diet
- ☐ Smoking
- ☐ Gender (Male)
- ☐ Family history
- ☐ Diabetes/Pre-Diabetes

What exercises were you doing prior to your cardiac event?

Type _____ Minutes _____ Times per week _____

Changing some of your behaviors such as diet, exercise, or smoking can help prevent future cardiac event or procedures. ☐ TRUE ☐ FALSE

SIGNS & SYMPTOMS/MEDICATIONS

What symptoms did you experience before your valve surgery?

- ☐ Chest Discomfort
- ☐ Shoulder Discomfort
- ☐ Arm/Arms Discomfort
- ☐ Neck Discomfort
- ☐ Palpitations
- ☐ Abdomen Discomfort
- ☐ Back Discomfort
- ☐ Shortness of Breath
- ☐ Fatigue
- ☐ Sweating
- ☐ Nausea
- ☐ Anxiety

Have you experienced any symptoms or complications following your surgery? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Depending on the type of valve you have, you may need to be on long-term anticoagulation medication and you may be advised to take antibiotics before dental or elective surgical procedures. Anti-arrhythmic medications may also be prescribed to suppress irregular heartbeats.

Check off the statements concerning medications that are TRUE:

- ☐ If I forget to take my medication, I should increase the amount taken with the next dose
- ☐ I should not stop or change the dose of medications without consulting my physician(s)
- ☐ I should carry written information stating each medication I take, the dose, and how often I take it each day.

PSYCH/SOCIAL/SPIRITUAL

It is important to learn to: ☐ Appropriately assess priorities
☐ Utilize activities that promote relaxation
☐ Approach my work and lifestyle very intensely

Over the past 2 weeks, have you been bothered by any of the following things?

☐ Little or no interest or pleasure in doing things
☐ Feeling down, depressed or hopeless
☐ None of the above

EDUCATION

Many educational opportunities are available to you, such as The Healthy Heart & Lifestyle Series classes, Mended Hearts, the Patient & Family Discussion Group and a one-on-one diet consult with a registered dietician.

Would you like to schedule a diet consult? ☐ Yes ☐ No

REHAB INFORMATION

Do you drink alcohol? ☐ Yes ☐ No If yes, how many oz per day? _____

Do you drink caffeine? ☐ Yes ☐ No If yes, how many 6 oz cups of coffee/tea/colas per day? _____

Do you have any orthopedic (muscle, joint or bone problems)? ☐ Yes ☐ No

If yes, describe: _____

What are your specific goals for cardiac rehab? _____

_____

_____

Do you have an Advanced Directive (i.e., Durable Power of Attorney for Health Care Decisions)? ☐ Yes ☐ No

If No, do you want information? ☐ Yes ☐ No