



# J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

## Coronary Artery Bypass Graft (CABG) - Ask "Rx" perts (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had coronary bypass surgery, please answer the following:

1. Please list date(s) of the bypass surgery: \_\_\_\_\_

2. How many vessels were bypassed?: \_\_\_\_\_

3. Has your client had any of the following?

- heart attack \_\_\_\_\_ (date)
- coronary angioplasty (PTCA) \_\_\_\_\_ (date)
- heart failure \_\_\_\_\_ (date)
- valve surgery \_\_\_\_\_ (date)

4. Is your client on any medications (including aspirin

- yes, please give details \_\_\_\_\_
- no

5. Has a follow-up stress (exercise) ECG been completed since the CAB

- yes – normal \_\_\_\_\_ (date)
- yes – abnormal \_\_\_\_\_ (date)
- no

6. Has your client had any chest discomfort since the bypass surger

- yes, please give details \_\_\_\_\_
- no

7. Please check if your client has had any of the followin

- abnormal lipid levels       diabetes
- overweight                       elevated homocysteine
- high blood pressure           peripheral vascular disease
- irregular heart beat           cerebrovascular or carotid disease

8. Has your client smoked cigarettes in the last 12 month

- yes
- no

9. Does your client have any other major health problems (ex: canc , etc.)?

- yes, please give details \_\_\_\_\_
- no

Please submit a copy of the angiogram report and any recent stress tests.