



PRESENT ILLNESS PROFILE

Name _____

Date ____/____/____ DATE05
Mo. Day Yr.

1. **Predominant symptom** SYPTM05
 1 Asymptomatic 2 Heart failure 3 Angina 4 Arrhythmia 5 Other

2. **Is chest pain present (within 6 weeks)?** 1 Yes 2 No CHPAIN05

If yes,

2.1 Precipitating factors of chest pain.

		1 Yes	2 No	3 Uncertain
Walking	WALKNG05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armwork	ARMWRK05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	EATING05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotion	EMOTIN05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coitus	COITUS05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest (decubitus or nocturnal)	REST05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	OTHFCT05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 Time since first episode of chest pain. ____/____/____ FRSTCP05
Yrs. Mos. Wks.

2.3 Duration of chest pain symptoms (present level of symptoms). ____/____/____ WKSCP05
Yrs. Mos. Wks.

2.4 1 Definite angina 2 Probable angina 3 Probably not angina 4 Definitely not angina
 2.4.1 If definite or probable angina, check Canadian Heart Class. ANGINA05

1 I 2 II 3 III 4 IV 5 Unrelated to exertion CHCLAS05

2.4.2 If definite or probable angina, is it unstable angina? 1 Yes 2 No UNSTBL05

If yes,

		1 Yes	2 No
New onset	NEW05	<input type="checkbox"/>	<input type="checkbox"/>
Rest angina	RSTANG05	<input type="checkbox"/>	<input type="checkbox"/>
Acute coronary insufficiency	CORINS05	<input type="checkbox"/>	<input type="checkbox"/>
Changing pattern	CHNGNG05	<input type="checkbox"/>	<input type="checkbox"/>
1 worsening <input type="checkbox"/>	PATERN05		
2 improving <input type="checkbox"/>			

3. **Has congestive heart failure been present at any time?** CHF05 1 Yes 2 No 3 Unknown

If yes, answer the following.

3.1 Recent (within 2 months) symptoms attributed to C.H.F.

		1 Yes	2 No
Orthopnea	ORTHOP05	<input type="checkbox"/>	<input type="checkbox"/>
Paroxysmal nocturnal dyspnea	PND05	<input type="checkbox"/>	<input type="checkbox"/>
Dyspnea on exertion	DOE05	<input type="checkbox"/>	<input type="checkbox"/>
Edema	EDEMA05	<input type="checkbox"/>	<input type="checkbox"/>

3.2 Functional impairment due to C.H.F. ^{IMPAIR05} 1 None 2 Mild 3 Moderate 4 Severe

3.3 Present trend (within 6 months) 1 Worsening 2 Improving 3 Stable

3.4 Duration of present trend of heart failure symptoms. ____/____/____ WKSHF05
Yrs. Mos. Wks.

3.5 Time since first episode of C.H.F. ____/____/____ FRSTHF05
Yrs. Mos. Wks.

4. Current therapy (within 2 months)

Medication 1 Yes 2 No Specify medication (not dose) where indicated. Please print.

Nitroglycerin NITROG05

Long-acting nitrates NITRAT05 specify _____

Antiarrhythmics ANTIAR05 specify _____

Beta-blocking agent BETABL05 specify _____

Calcium-blocking Antiplaquet agents CALCBL05

aspirin ASPRIN05

dipyridamole DIPYRD05

other OTHERA05 specify _____

Anticoagulation ACOAG05 specify _____

Digitalis DIGITL05

Diuretic DIURET05

furosemide FURO05

ethacrynic acid ETHACD05

thiazides THIAZ05

aldactone ALDAC05

other OTHERD05 specify _____

Antihypertensive agent (except diuretics) ANTHYP05 specify _____

Lipid-lowering agent LIPID05 specify _____

Hypoglycemic agent HYPOGL05 specify _____

insulin INSULN05

oral ORAL05

Tranquillizers/sedatives TRANQU05

CNS stimulant CNSSTM05

Diet

Weight reduction diet WTDIET05

Triglyceride reduction diet TRDIET05

Diabetic diet DBDIET05

Low cholesterol diet CHDIET05

Salt restriction diet STDIET05

Other

Pacemaker

Oral contraceptives

Supervised exercise program

Other specify _____