

Cardiac Rehabilitation Update Forms

Please Print Clearly.

Name _____	DOB _____
Age _____	
Address _____ _____	
Post _____	
Code _____	
TEL _____	GP Name and
Surgery _____	

Next of	
Kin _____	

Next Of Kin	
Telephone _____	

Current Medical History

<p>1. Have you suffered a heart attack? Y/N (If yes please give details)</p> <p>_____</p> <p>_____</p>
<p>2. Have you had a coronary Artery bypass surgery Y/N (If yes please give details)</p> <p>_____</p> <p>_____</p>
<p>3. Have you had an angioplasty/ stent? Y/N (If yes please give details)</p> <p>_____</p> <p>_____</p>

4. Have you had a heart valve replacement or repair? Y/N (If yes please give details)

5. Have you had a pacemaker or ICD fitted? Y/N (If yes please give details)

6. Have you ever had a stroke/TIA? Y/N (If yes please give details)

7. Do you suffer from Claudication? Y/N (if yes please give details)

8. Do you suffer from Diabetes IDDP/NIDP? Y/N (If yes please give details)

9. Do you suffer from asthma or chronic obstructive pulmonary disease? Y/N (if yes please give details)

10. Do you suffer from arthritis Y/N? (If yes please give details)

11. Do you suffer from any Musculoskeletal conditions? Y/N (If yes please give details)

12. Have you had any joints replaced? Y/N (if yes please give details)

13. Have you suffered from any recent falls? Y/N (If yes please give details)

14. Do you suffer from any other medical condition that may affect your exercise?

Please list your medical details that you are currently taking below

I agree for the above information to be passed onto the Phase IV exercise instructor. I understand that I am responsible for monitoring my own responses such as chest pain or tightness, upper arm pain, upper back pain, excessive shortness of breathe or dizziness. I will inform the instructor of any changes in my medication, the results of any investigations or treatment.

Patients Signature _____ Date _____

Name and Title _____