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**Options for referring**  
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### PATIENT INFORMATION

Patients Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 PH:(H) \_\_\_\_\_ PH:(C) \_\_\_\_\_  
 PHN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email: \_\_\_\_\_

### REFERRING PHYSICIAN

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Assess your health status by marking all true statements

#### HISTORY:

##### You have had

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

#### SYMPTOMS:

- You experience chest discomfort
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You experience unpleasant awareness of a forceful or rapid heart rate
- You take heart medications

#### OTHER HEALTH ISSUES:

- You have diabetes
- You have asthma or lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medications
- You are pregnant

#### REFERENCE FOR: HISTORY/SYMPTOMS/OTHER HEALTH ISSUES

If you marked any of these statements in this section, consult your physician or other appropriate healthcare provider before engaging in exercise. You may need to use a facility with a **medically qualified staff**.

#### CARDIO RISK FACTORS:

- You are a man over 45 y/o
- You are a woman over 55 y/o
- You smoke or quit smoking within the last 6 months
- Your blood pressure is over 140/90
- You do not know your blood pressure
- You take blood pressure medications
- Your blood cholesterol is over 5 mmol/dL
- You do not know your cholesterol level
- You have a blood relative who had a heart attack or heart surgery before age 55
- You are physically inactive (you get less than 30 min of physical activity on at least 3 days per week)
- You have a body mass index greater than 30
- You have pre diabetes
- You do not know if you have pre diabetes

#### REFERENCE FOR: CARDIO RISK FACTOR

If you marked two or more of the statements in this section you should consult your physician or other appropriate healthcare as part of good medical care and progress gradually with your exercise program. You might benefit from using a facility with a **professionally qualified health staff** to guide your exercise program.