

ENLARGED HEART

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. When was the condition first diagnosed? _____

2. Have any of the following symptoms occurred?

Chest discomfort	___ yes	___ no
Fainting spells or dizziness	___ yes	___ no
Shortness of breath	___ yes	___ no
Palpitations (irregular heart beat)	___ yes	___ no

3. Please check if your client has had any of the following:

Chest X-ray	___yes—normal	___no
	___yes—abnormal	
Exercise treadmill or thallium	___yes—normal	___no
	___yes—abnormal	
Resting or exercise echocardiogram	___yes—normal	___no
	___yes—abnormal	
MUGA	___yes—normal	___no
	___yes—abnormal	
Cardiac catheterization	___yes—normal	___no
	___yes—abnormal	

4. Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?

___ Yes; please give details _____
___ No

5. Is client on any medications? (accurate name, dosage, and reason)

6. Does your client have any other health problems? (additional questionnaires may be required)

Please fax form to 612-392-7644 or email to mvp@mvp-servicesolutions.com