McLAREN AMBULATORY CARE CENTER

CORONARY ARTERY DISEASE (CAD) MANAGEMENT

Smoker: ☐ **Yes** ☐ **No** Date Ceased: _____

Cardiac History:

Angina	☐ Yes ☐ No	
Previous MI	☐ Yes Date: _____	☐ No
Stent	☐ Yes Date: _____	☐ No
Bypass	☐ Yes Date: _____	☐ No
Angioplasty	☐ Yes Date: _____	☐ No

Comorbid Disease:

Hypertension	☐ Yes	☐ No
Hyperlipidemia	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Sedentary Lifestyle	☐ **Yes**	☐ **No**

Each Visit (Date)									
Smoking Ed / Rx									
Weight									
BMI									
Lifestyle Changes: a.) Diet									
b.) Exercise									
Blood Pressure									
CAD Education									

Annual Tests/Exams (Date)									
Lipid Profile									
Height									
Imaging Studies									

Medications									
B-blockers									
ACE/ARB									
Antithrombin									
Antilipemic									

Miscellaneous (Date)									
Flu Vaccine									
Pneumonia Vaccine									
Cardiologist Referral									

Referrals/Comments: _____

_____

_____

_____

CORONARY ARTERY DISEASE
(CAD) MANAGEMENT
MM-18 (3/09)

PATIENT
NAME:

DATE OF
BIRTH: