Stony Brook Medicine

Stony Brook, NY 11794

PRE-ADMISSION PATIENT SCREENING QUESTIONNAIRE FOR CARDIAC RISK

Patient Name:	**Date of Birth:**
Diagnosis:	**Surgical Procedure:**
Primary Care Provider Dr.:	**Phone:**

Do you have a cardiologist? Yes ☐ / No ☐

If Yes: who?: ______________________________ Phone: ____________________

If Yes: do they know about this current condition that may required surgery? Yes ☐ / No ☐

Please be advised that depending on your history we may ask you to see your cardiologist prior to surgery and in higher risk cases, we may ask for you to consult with a Stony Brook affiliated cardiologist, who would be able to help with your care while you are in our hospital.

Section 1:

Question	Yes	No
1. Have you ever been told you have an abnormal ECG?	Yes ☐	No ☐
2. Do you have an irregular heartbeat (such as “afib”) or heart rhythm problem? *If yes, please explain:*	Yes ☐	No ☐
3. Do you have a heart murmur, mitral valve prolapse, or any other heart valve problem?	Yes ☐	No ☐
4. Do you have chest pain with walking/normal activity or with exercise?	Yes ☐	No ☐
5. Have you ever had a heart attack? *If yes, how many?: When?:*	Yes ☐	No ☐
6. Do you have a weak or failing heart (congestive heart failure, CHF)?	Yes ☐	No ☐
7. Do you ever have shortness of breath with walking 1 or 2 flights of stairs?	Yes ☐	No ☐
8. Have you ever had blockages in the arteries of your neck, heart or legs or been told you have peripheral vascular disease (PVD)?	Yes ☐	No ☐
9. Have you ever had a stroke (CVA), mini stroke (TIA) or brain attack? *If yes, when?:*	Yes ☐	No ☐
10. Have you ever been told that you have a widening of your aorta or that you have an aortic aneurysm or aortic dissection?	Yes ☐	No ☐
11. Were you born with any heart lesions, holes in the heart, etc.?	Yes ☐	No ☐
12. Do you have pulmonary hypertension?	Yes ☐	No ☐
13. Have you ever had a stress test? *If yes, where?: When?:*	Yes ☐	No ☐
14. Have you ever had a cardiac echo cardiogram? *If yes, where?: When?:*	Yes ☐	No ☐
15. Have you ever had a heart catheterization? *If yes, where?: When?:*	Yes ☐	No ☐
16. Have you ever had a heart valve replacement or repair? *If yes, where?: When?:*	Yes ☐	No ☐
17. Do you have a pacemaker or defibrillator?	Yes ☐	No ☐
18. Do you have a heart stent? *If yes, how many?: When?:*	Yes ☐	No ☐
19. Have you ever had a coronary bypass surgery or angioplasty? *If yes, where?: When?:*	Yes ☐	No ☐

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Section 2:

1.	Do you have or are you being treated for high blood pressure? *If yes, how many years?:*	Yes ☐	No ☐
2.	Do you have diabetes? *If yes, for how many years?;_______ Type:_____* *Complications?:*	Yes ☐	No ☐
3.	Do you use an Insulin Pump?	Yes ☐	No ☐
4.	Are you a former or current smoker? *If yes, for how long?:*	Yes ☐	No ☐
5.	Do you have high cholesterol or take a “Statin” medication?	Yes ☐	No ☐
6.	Do you lead a sedentary lifestyle (exercise less than 2 times a week)?	Yes ☐	No ☐
7.	Do you have a clotting disorder? *If yes, explain:*	Yes ☐	No ☐
8.	Do you have any other major medical problems that we have not asked you about? *If yes, specify:*	Yes ☐	No ☐

Section 3:

Do you take any of the following medications: If yes, what dose?

☐ Aspirin (acetylsalicylic acid)	Dose:	☐ Advil (ibuprofen)	Dose:
Antiplatelets:	☐ Plavix (clopidogrel) ☐ Brilinta (ticagrelor)	☐ Effient (prasurgel) ☐ Other:	Dose:
Anticoagulation:	☐ Coumadin (warfarin) ☐ Pradaxa (dabigatran etexilate) ☐ Eliquis (apixaban)	☐ Lovenox (enoxaparin) ☐ Xarelto (rivaroxaban) ☐ Other:	Dose:

OFFICE USE:
Not Intended for: Age <40 (unless known Cardiac/Vascular history) or
Cases using only light sedation or local anesthetic

Referral made for:
☐ *1) ACS NSQIP Calculator Risk >1%*
☐ *2) Presence of one check box in first section, or*
☐ *3) Presence of two or more risk factors in the second section*

☐ ***Stony Brook Medicine University Physicians***
26 Research Way, E. Setauket NY 11733, Phone: 631-444-0580 or 444-9615, Fax: 631-444-0562
200 Motor Parkway Suite C-16, Hauppauge NY 11788, Phone: 631-444-9600, Fax: 631-444-9621

☐ ***North Suffolk Cardiology***
45 Research Way, Suite 108, E. Setauket 11733, Phone: 631-941-2000, Fax: 631-941-2010

☐ ***Eastern Suffolk Cardiology***
951 Roanoke Ave, Riverhead NY 11901, Phone: 631-727-7773, Fax: 631-727-7832

☐ ***Heart Associates of Long Island***
220 Belle Mead Rd, E. Setauket NY 11733, Phone: 631-941-2273, Fax: 631-941-2501

☐ ***Patient’s Cardiologist or Other***