

CARDIOVASCULAR HISTORY

CHEST PAIN

1. Do you have chest pain?
 - ask for OPDS CF
 - ask for LIQORAAA

When he shows the location, ask him if it hurts when he touches the spot (costochondritis/muscular pain)

SHORTNESS OF BREATH (SOB)

2. Do have breathlessness (or) are you short of breath?
If “yes” → then ask “when do you get breathless”?
 - on walking or at rest? (how many minutes of walk?)
 - climbing stairs? (how many flights of stairs)
 - on lying down flat? (paroxysmal nocturnal dyspnea)
 - sleeping with pillows or propped up? (orthopnea)

TO RULE OUT MYOCARDIAL INFARCTION/ANGINA

3. Any sweating?
4. Any nausea?
5. Any vomiting?

TO RULE OUT ARRHYTHMIAS/HEART BLOCK

6. Any palpitations (racing of your heart)?
7. DO you sense any skipped beats?

TO RULE OUT OTHER CARDIAC PATHOLOGIES (VALVULAR, CARDIOMYOPATHIES, CCF)

7. Do you feel dizzy at times?
8. Have you lost your consciousness anytime? (hypotension)
9. Any swelling of your leg (Congestive heart failure)
10. Did you notice any bluish discoloration of the skin, nails?

TO RULE OUT ACID PEPTIC DISEASE

11. Any past history of heart burn or peptic ulcer?

