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**CORONARY ARTERY DISEASE LIFESTYLE EVALUATION**

Have you ever had angioplasty? If yes, when?	Yes ___ No ___
Have you ever had bypass surgery? If yes, when?	Yes ___ No ___
Do you get chest pain, angina, shortness of breath or fatigued with mild to moderate activity i.e.; walking 1 or 2 blocks, walking uphill, climbing one flight of stairs or walking fast?	Yes ___ No ___
Do you feel that you are limited in your ability to do simple activities of daily living such as cleaning, house chores, shopping or leisure?	Yes ___ No ___
Do you ever get angina or shortness of breath at rest, after eating, or just watching television?	Yes ___ No ___
Do you ever awaken at night with chest pain, discomfort, or shortness of breath?	Yes ___ No ___
Do you take Nitroglycerin tablets before certain activities?	Yes ___ No ___
Have you lessened your activity in the past 6 months or so due to chest discomfort or shortness of breath?	Yes ___ No ___
Are you dissatisfied with your current quality of life because of a lack of energy, symptoms or inability to exercise much (excluding orthopedic problems)?	Yes ___ No ___

If you are a patient with documented coronary artery disease, i.e.; history of angina, prior heart attack, coronary angioplasty, stent or coronary artery bypass surgery, and you answer yes to **any of these** questions please make an appointment with one of our doctors to find out if ECP therapy could benefit you.