



EECP Patient Pre-Screening Checklist

Patient Name: _____

Date: _____

Condition/Reason for interest in EECP: _____

Please answer the following with as much information as you have:

- 1) History of Heart Catheterization or surgery? Y / N Date: _____
- 2) History of Congestive Heart Failure? Y / N Classification: _____
Ejection Fraction% _____ Date Measured: _____
- 3) Cardiomyopathy? Y / N
- 4) Aortic Insufficiency? Y / N Mild Moderate Severe
- 5) Mitral Valve Prolapse? Y / N Mild Moderate Severe
- 6) Abdominal Aortic Aneurysm? Y / N _____ cm
- 7) Congenital Heart Defects? Y / N _____
- 8) Lung Disease? Y / N Mild Moderate Severe
- 9) Peripheral Vascular Disease? Y / N Mild Moderate Severe
Date of last vascular study: _____
- 10) History of Deep Vein Thrombophlebitis? Y / N
- 11) Bleeding Disorder? Y / N
- 12) Anti-Coagulation Therapy? Y / N PT INR _____ Last Date: _____
- 13) Severe Hypertension (> 180 Systolic OR > 110 Diastolic)? Y / N
Medication: _____
- 14) Heart Rates < 35 OR > 125? Y / N
- 15) Current Arrhythmias? Y / N Frequency? _____
- 16) Pacemaker? Y / N
- 17) Diabetes? Y / N
- 18) Any Limb Restrictions (Vasculitis, Infections, Burns, Wounds, etc.)? Y / N
Specify: _____

Signature: _____

Date: _____