

## YOUR CORONARY ARTERY DISEASE VISIT

### What to Expect, What to Ask

Your name: \_\_\_\_\_

Are there specific concerns you want to discuss today?  No  Yes \_\_\_\_\_

#### Have there been any major changes in your family lately?

- None  Move  Job Change  Separation  Divorce  Death in the family  New pet  
 Other? Describe: \_\_\_\_\_

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?			
Have you or anyone in your family developed any new medical problems?			
Are there any changes to your medications?			
Are your immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults who are around you smoke (includes inside or outside the house)?			

#### Have you been seen in the emergency room in the last 6 months for coronary artery disease related problems?

- No  Yes, 1-2 times  Yes, 3-4 times  Yes, 5-6 times  Yes, more than 6 times

#### Have you been hospitalized for coronary artery disease related problems in the last 12 months?

- No  Yes, 1-2 times  Yes, 3-4 times  Yes, 5-6 times  Yes, more than 6 times

#### Do you have any of the following coronary artery disease symptoms currently?

- Chest tightness, pain or pressure  Sweating  Shortness of breath  Faster heart beat  Irregular heart beat

#### Do you have chest pain with any of the following?

- Exercise or increased activity  Eating  Excitement or stress  Exposure to cold

**Ask your doctor about any specific concerns about coronary artery disease (CAD).**

**Would you like to get more information on any of the topics below?**

Medications/treatments	Symptoms	Health promotion	Nutrition
<ul style="list-style-type: none"> <li>• Medications</li> <li>• Weight loss</li> <li>• Lab tests</li> <li>• Electrocardiogram (EKG/ECG)</li> <li>• Stress test</li> <li>• Heart catheterization</li> <li>• Heart specialist</li> <li>• Herbal remedies</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of CAD</li> <li>• Complications of CAD</li> <li>• CAD risk factors</li> <li>• Causes of CAD</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• CAD prevention</li> <li>• Exercise routine</li> <li>• When to call doctor</li> <li>• Dental appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy diet</li> <li>• Calorie intake</li> <li>• Healthy snacks</li> <li>• Decrease fat intake</li> <li>• Alcohol intake</li> </ul>

*This is not a self-diagnosis tool or a treatment plan.  
Please consult your doctor and share this with your doctor at your next visit.*

Buckeye Health Plan is contracted with Medicare for an HMO SNP plan, and with the Ohio Medicaid program. Enrollment in Buckeye Health Plan depends on contract renewal.

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ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-866-389-7690 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-7690 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-389-7690（TTY：711）。