



Road to Wellness
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Coronary Artery Disease Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to wellness@shpg.com.

NAME: _____ **DATE:** _____

CURRENT PHONE NUMBER: _____

1. Do you have chest pain in the last year? Yes No If yes how often? _____
When did you last use Nitroglycerine for your chest pain? _____

2. Have you had any of these cardiac procedures in the last year? EKG Arteriogram
 Heart Catheter Angioplasty Coronary Artery Bypass Surgery
 other _____

3. Have you gained or lost any weight recently? Yes NO

4. Do you monitor your blood pressure as prescribed by your physician?
 Yes No No MD order

Please list your last B/P reading _____

5. Have you had a Fasting Lipid profile drawn at least once over the last 12 months?
 Yes No Date _____ Results: Total Cholesterol _____ LDL
_____ HDL _____ Triglycerides _____

6. How many drinks of alcoholic beverage (a can of beer, a glass of wine, a wine cooler or a shot of liquor) do you have in a typical week? none, 1 or less, 2 or more.

7. How well do you feel you are managing your stress level? Good Fair Poor

8. Have you had any changes in your Coronary Artery Disease medications?
 Yes No If yes please list changes _____

9. Have you achieved your current Coronary Artery Disease goal? Yes No

10. What goal do you want to achieve for your Coronary Artery Disease before your next follow-up contact?

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!