

Cath Lab Scheduling Form

Clinical Summary

Patient Name: _____

Date of Procedure: _____

DOB: _____

MRN (if available): _____

1. Clinical Symptoms

- Chest Pain
- Dyspnea
- Exertional Fatigue
- None
- Other: _____

2. CCS Classification of Symptoms:

- CCS I (ordinary physical activity does not cause angina. Symptomatic with strenuous, rapid or prolonged exertion)
- CCS II (Slight limitation of ordinary activity. Symptomatic when walking greater than two blocks or climbing greater than one flight of stairs)
- CCS III (Marked limitations of ordinary physical activity. Symptomatic when walking greater than two blocks or climbing greater than one flight of stairs)
- CCS IV (Symptomatic at rest)

3. Stress test risk assessment

- Low Risk Intermediate Risk High Risk

4. Anti-anginal therapy (Patient should be on at least two of the following, which is considered medial therapy. If unable to tolerate, please indicate reason.)

- Nitrate therapy (oral – long acting)
- Beta Blocker Therapy
- Calcium Channel Blocker
- Ranolazine
- Reason: _____

Date: _____ Time: _____ Physician Signature _____ MD# _____

Reviewed by:

Date: _____ Time: _____ Cath Lab Staff: _____

