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Cardiac Risk Factor and Diagnosis Assessment

Visit Number			**Date of Assessment**				
				Month	**Day**	**Year**	
Diagnosis Date	**Diagnosis**	**Diagnosis Date**	**Diagnosis**	**Diagnosis Date**	**Diagnosis**		**Diagnosis Date**
	□ Aortic Aneurysm (Thoracic or Abdominal)		□ Endocarditis		□ Pericarditis		
	□ Atrial fibrillation		□ Family history of cardiomyopathy or coronary artery disease		□ Prior chest radiotherapy		
	□ Atrial flutter		□ Heart Failure with Preserved Ejection Fraction		□ Prior chemotherapy treatment		
	□ Cardiac Amyloidosis		□ Heart Failure with Reduced Ejection Fraction		□ Pulmonary Hypertension (mild or greater)		
	□ Angina		□ Hyperlipidemia		□ Pulmonary Regurgitation (mild or greater)		
	□ Aortic Regurgitation (mild or greater)		□ Hypertension		□ Pulmonary Stenosis (mild or greater)		
	□ Aortic Stenosis (mild or greater)		□ Hypotension (Autonomic Dysfunction)		□ Pulmonary Embolus		
	□ Arrhythmia – not otherwise listed		□ Hypothyroidism		□ Peripheral Vascular Disease		
	□ Aortic Valve Repair or Replacement		□ Left Bundle Branch Block		□ Sinus Tachycardia		
	□ Bradycardia		□ Left Ventricular Ejection Fraction < 50%		□ Sick Sinus Syndrome		

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	□ Coronary Artery Bypass Graft		□ Long QT		□ Stroke	
	□ Coronary Artery Disease		□ Metabolic syndrome		□ Sudden Cardiac Death	
	□ Carotid Disease		□ Myocardial Infarct		□ Supraventricular Tachycardia	
	□ Cardiomyopathy		□ Mitral Regurgitation (mild or greater)		□ Syncope	
	□ Coronary Stent or Angioplasty		□ Mitral Stenosis (mild or greater)		□ Thrombus (Cardiac)	
	□ Cerebrovascular Accident		□ Mitral Valve Prolapse		□ Tobacco use (prior or current)	
	□ Defibrillator		□ Mitral Valve Repair or Replacement		□ Transient Ischemic Attack	
	□ Deep Vein Thrombosis		Obesity		□ Tricuspid Regurgitation (mild or greater)	
	□ Diabetes		□ Pacemaker		□ Tricuspid Stenosis (mild or greater)	
	□ Ethanol use (Heavy, as defined by > 2 drinks/day and daily)		□ Palpitations		□ Ventricular Tachycardia	
			□ Pericardial Effusion		□ Ventricular Fibrillation	

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Additional Cardiovascular Risk Factor Assessment Related to Prior Oncology Treatment

Perform at baseline only in patients who have been treated for cancer in the past

Risk Factor	Additional Details	**Year**	Duration of Treatment
If yes to prior chest wall and breast radiotherapy, note field and year of therapy and duration of therapy	Dosage (cGy): Fractions: Radiation field (including side): Consider additional data, if known: IMN RT (yes/no) Mean Heart Dose (cGy) Boost (yes/no) Proton (yes/no) Photon (yes/no)		
If yes to prior cancer therapy exposure, which therapy/therapies, year of exposure and treatment duration?	□ Anthracycline □ Her2+ Therapy □ Alkylating Agent □ Proteasome inhibitor □ Anti-metabolite Therapy □ Immune Checkpoint Inhibitor □ CAR T Cell Therapy □ Tyrosine Kinase Inhibitor □ Platinum Therapy □ Antimicrotubule Agent □ Monoclonal Antibody □ Other		
If yes to prior cancer therapy exposure, what was the name(s) and dose of therapy/therapies?			

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Cardiac Medications

If you are taking cardiac medications, please check all that apply	□ Aspirin □ Ace-Inhibitor *(e.g: Altace/Ramipril, Capoten/captopril, Lotensin/beazapril, Prinivil/Zestril/Lisinopril, Casotec/enalapril)* □ Angiotensin Receptor Blocker *(e.g: Atacand/candesartan, Avapro/irbesartan, Cozaar/losartan, Divan/valsartan, Benicar/Olmesartan)* □ Beta-Blocker *(e.g: Betapace/Sotalol, Coreg/Carvedilol, Tenormin/Atenolol, Toprol/Metoprolol)* □ Alpha blocker *(e.g: Minipress/prazosin, Hytrin/terazosin, Catapres/clonidine, Flomax/tamsulosin, Cardura/doxazosin)* □ Calcium Channel Blocker *(e.g: Adalat/Procardia/nifedipine, Calan/verapamil, Cardizem/diltiazem, Norvasc/amplodipine)* □ Diuretic *(e.g: Bumex/Bumetanide, HCTZ/hydrochlorothiazide, Lasix/Furosemide, Demadex/Torsemide, Zaoxolyn/Metolazone)* □ Nitrates *(e.g: Imdur/isosorbide, Isordil/isosorbide dinitrate, Nitroglycerin)* □ Statin *(e.g: Crestor/rosuvastatin, Lipitor/atorvastatin, Lescol/fluvastatin, Livalo/pitavastatin, Mevacor/lovastatin, Pravachol/pravastatin, zocor/simvastatin)* □ Other Lipid Lowering Therapy *(e.g Caduet/amlodipine atorvastatin, Questran/cholestryramine, Tricor/fenofibrate, Vytorin/exeimibe simvastatin, Zetia/exetimibe, Lovaza/Omega-3)* □ Anticoagulant Therapy *(e.g., warfarin/coumadin, Eliquis/apixaban, Pradaxa/dabigatran Xarelto/rivaroxaban* □ Other, specify _____

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Cardiac Medications at Followup	
Are any of these medicines new or dose changed?	□ Yes □ No □ Uncertain
Please check the cardiac meds that are new or changed at this visit:	□ Aspirin □ Ace-inhibitor □ Angiotensin Receptor Blocker □ Beta-Blocker □ Alpha blocker □ Calcium Channel Blocker □ Diuretic □ Nitrates □ Statin □ Other Lipid Lowering □ Other

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Physical Exam Log

□ **Not Done**

Vitals

Blood Pressure	mmHg	Heart Rate	per minute		
Height	cm	Weight	kg		
BMI					

Cardiovascular Exam

□ **Not Done**

System	Physical Finding	Comments
Neck	□ Normal □ Abnormal □ JVD (above 7cm at 30˚) □ Bruits: Left / Right / Both *(circle)*	
Cardiovascular	□ Normal □ Abnormal □ S3 □ S4 □ Murmur □ Distal Pulses: Dorsalis Pedis / Posterior Tibial □ 4+ (bounding) □ 3+ (increased) □ 1+ (diminished) □ 0+ (absent)	
Lungs	□ Normal □ Abnormal □ Wheezes: Inspiratory/Expiratory □ Rales or Crackles	
Abdomen	□ Normal □ Abnormal □ Hepatomegaly □ Ascites	
Extremities	□ Normal □ Abnormal □ Edema (grade and extent) □ +1 □ Feet/ankles □ +2 □ Pretibial □ +3 □ Above knees	

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Cardiac Symptom Review (Heart Failure Focused)

□ **Not Done**

Yes or No	Symptom	Comments
□ Yes □ No	Chest pain at rest or exertion	
□ Yes □ No	Shortness of breath at rest or exertion	
□ Yes □ No	Orthopnea	
□ Yes □ No	Paroxysmal Nocturnal Dyspnea (PND)	
□ Yes □ No	Edema	
□ Yes □ No	Fatigue (more than ordinary)	
□ Yes □ No	Weight Gain (greater than 2 lbs in the past week)	
□ Yes □ No	Clinical Evidence of Volume Overload Documented by Clinical Provider	
NYHA Class:	□ No evidence of heart failure □ I (No symptoms and no limitation in ordinary physical activity) □ II (Mild symptoms and slight limitation during ordinary activity) □ III (Marked limitation in activity due to symptoms, even during less-than ordinary activity. Comfortable only at rest) □ IV (Severe limitations. Experiences symptoms even while at rest) □ Unknown/Not assessed	

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Followup Cardiac Event

□ On-study □ Off-treatment □ Off-study

□ **Not Done**

Visit/Cycle:		Date of Exam:			
			Month	**Day**	**Year**
Has a new diagnosis of cardiovascular disease been made?	□ Yes □ No □ Not Known				
If yes, diagnosis code:					
If yes, did this lead to cancer treatment being held?	□ Yes □ No □ Not Known				
If yes, did this lead to a hospitalization?	□ Yes □ No □ Not Known				
Name and Location of Treatment Facility					

Hospitalization

Admission Date				
	Month	**Day**	**Year**	
Discharge Date and				
	Month	**Day**	**Year**	