



THREE DIMENSIONAL HEALTHCARE PROGRAM FOR HEALTHY HEART
(HEALTHY & HAPPY LIFESTYLE PROGRAM FOR PREVENTION OF ANGINA & HEART ATTACKS)
A PROJECT OF J. WATUMULL GLOBAL HOSPITAL & RESEARCH CENTRE,
&
RERF, PRAJAPITA BRAHMA KUMARI ISHWARIYA VISHWA VIDYALAYA, ABU

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Name: _____ Son/daughter/ wife of _____
 First name Middle name Surname

Present address: _____ Sex/ Age: _____ Dt. of birth: _____
 _____ Profession: _____
 _____ Education: _____

P/O: _____ Pin Code: _____ Language Known: _____

District: _____ State: _____ Name of (wife/ husband): _____

Phone: S. T. D. code _____ (Res): _____

(Off): _____ Mobile: _____ (Fax): _____

Email: _____ (PP phone): _____

CLINICAL DETAILS:

Height: _____ in centimeters Weight: _____ in kg. Usual B. P.: _____

Blood Sugar Fasting: _____ mg/dL. Blood Sugar PP: _____ mg/dL.

HbA1c : _____ % Blood Pressure: _____ mm of Hg

Total Cholesterol: _____. Triglycerides: _____. HDL : _____.

Coronary angiography: Date: _____ CAD status: SVD, DVD, TVD _____

Ejection fraction (EF %) _____ last date of Echo: _____ TMT: _____

Have you suffered from heart attacks? If yes; Number of heart attacks: _____

Dates of heart attack: 1. _____ 2. _____ 3. _____

If thrombolysed therapy used, (✓) in which heart attack: 1 2 3

Have you undergone Angioplasty (PTCA)? If yes date: _____

Have you undergone by-pass surgery (CABG)? If yes date: _____

Are you suffering from: (Kidney/ Liver/ Lungs/ Knee joints) / any other diseases?
 If yes; mention which: _____ since _____

If you are suffering from kidney disease, Present Serum creatinine level: _____ Report dated: _____

| Sl. no | ESSENTIALS INFORMATION | YES/NO | From which Month/ year |
|----------|-------------------------------|--------|------------------------|
| 1 | SYMPTOMS OF CAD DETECTED IN | | |
| 2 | HYPERTENSION (BLOOD PRESSURE) | | |
| 3 | DIABETES DETECTED IN | | |

| | | | |
|---|---|--|--|
| 4 | OVER WEIGHT/ OBESITY | | |
| 5 | HIGH CHOLESTEROL | | |
| 6 | FAMILY HISTORY OF CAD (any blood relative suffered from CAD) (✓) | Mother, Father, Brother, Sister, Uncle, Aunt | |

BRIEF CASE SUMMARY (Written by the participant in Hindi/English)

Who referred you to this program (Name Address & Ph):

Details of disease: (CAD/ Diabetic / Hypertension/ Overweight/ High Cholestrol)

Present symptoms:

- Distance able to walk (more than 110 steps/ minute) at a stretch without developing chest pain (angina), breathlessness, palpitations etc. _____ (in Kilometers).
- Number of stairs able to climb without any symptoms like chest pain, breathlessness, palpitation etc.
Please (✓) 10, 20, 30, 40, 50, 60 _____
- Number of episodes of chest pain (angina) in one week. 1, 2, 3, 4, 5, 6, 7, 8 _____
- Number of Sorbitrate tablets/ Nitroglycerin spray (NTG) required to relieve chest pain (angina) in one week:
1, 2, 3, 4, 5, 6, 7, 8, 9, 10 _____

Use of tobacco/ smoking (Yes/No)_____ If yes, Since _____ yrs Quantity/ day: _____
If yes type: Bidi, Cigarette, Hukka, Pan masal, Gutka, Jarda If discontinued, Since _____yrs/ mths

Non-vegetarian (Yes/ No) _____ If yes, frequency _____ /week If discontinued, Since _____ yrs/ mths.

Alcohol (Yes/No) _____ If yes quantity/ day: _____/ml If discontinued, Since _____yrs/ mths

Tea/Coffee (Yes/No) ----- If yes cups/ day. ----- If discontinued, since ----- Yrs/mths

PRESCRIBED TREATMENT PRESENTLY TAKING:

| SL | NAME OF MEDICINE | DOSE IN milligrams (mg) | No. of times in a day |
|----|------------------|-------------------------|-----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

DATE: _____

Signature of the patient

INSTRUCTIONS TO FILLUP REGISTRATION FORM

PLEASE FILL THE FORM IN ENGLISH/ HINDI IN CLEAR HANDWRITING

Check list: Please attach the photocopy of following reports along with registration form.

1. Photostat copy of Angiography report (Carried out within last one year)
2. 2 D Echo (Colour dopler) report; TMT report if carried out
3. Present prescription of medicine you are taking
4. ECG report (Last month)
5. if you have undergone *Bypass surgery/ Angioplasty then please send its Photostat copy.*
6. Self addressed envelop with five rupees stamp

Under following conditions one can not join the program:

1. If you are suffering from LMCA disease $\geq 50\%$ or LMCA equivalent diseasea,.
2. Any intervention procedure eg. angioplasty or bypass surgery within last three months.
3. Patients suffered from acute coronary syndrome eg. heart attack or unstable angina within last 3 months.
4. Patients suffering from severe osteo-arthritis of knee joints which creates difficulty in walking.
5. Patients suffering from acute or chronic kidney disease (Serum creatinine more than 1.2 mg/dl).
6. Cartography reports not accepted. congenital heart diseases, rheumatoid heart disease, hole in heart, valvular diseases, and dilated cardiomyopathy etc. type of diseases are not addressed in this program. For this patients can take appointment on phone to visit to the OPD of Global Hospital at Shantivan, Abu Road.

Note: You will be provided accommodation & food during your stay. Spouse is invited along with the participant. If spouse can not participate due to unavoidable circumstances, one attendant is compulsory to accompany with the participant.

- Your participation in this 3 D Healthcare Program for Healthy Heart is totally voluntary.
- This cardiac rehabilitation program is not alternative to the present mode of management, but is complementary. Please continue to take your treatment as per advice of your physician/ cardiologist.

Permission to attend the program will be given only after review of your reports by the reviewing committee. You will be informed of your participation in due course of time.