

# Beaumont<sup>®</sup>

## Ministrelli Women's Heart Center

Thank you for choosing the Ministrelli Women's Heart Center to evaluate and provide the highest quality of cardiology care for you. Your appointment is scheduled for \_\_\_\_\_ at \_\_\_\_\_ with \_\_\_\_\_.

Our physicians are board certified in cardiovascular disease and specialize in innovative approaches to improving cardiology treatment. Our staff is dedicated to making your office visit pleasant and they are here to answer any questions you may have. Please call 248-898-8794 Monday through Friday between 8 a.m. and 4 p.m.

Enclosed you will find:

- directions and parking information including a Beaumont Hospital, Royal Oak campus map
- medical record release form
- cardiovascular risk assessment

In order for us to provide you with the best medical care, please:

1. complete the enclosed cardiovascular risk assessment prior to your visit and bring it with you; **answer all questions as completely as possible**
2. arrive 15 minutes prior to your scheduled appointment time
3. **register at the East Entrance registration desk upon arrival**
4. **do not eat or drink 12 hours prior to your appointment if you are having lab work done**; you may have 6 to 8 ounces of water in the morning
5. bring **ALL** you medications in their original bottle or package
6. bring **copies of any lab work done in the last six months** if not done at Beaumont
7. **obtain and bring a referral to your first office visit if is required by your insurance company**
8. allow adequate time for unforeseen delays; if you arrive late your appointment time may no longer be available and rescheduling may be necessary
9. have your medical records mailed or faxed to our office at:

3601 West 13 Mile Road  
Royal Oak, MI 48073  
F: 248-898-3127

[heart.beaumont.edu/ministrelli-womens-heart-center](http://heart.beaumont.edu/ministrelli-womens-heart-center)

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## Ministrelli Women's Heart Center

### Tests performed during initial visit:

- blood pressure
- height / weight
- BMI
- waist
- EKG
- history and physical
- risk factor modification counseling
- blood work prescription including the Ministrelli Women's Heart Center panel:
  - lipid panel (cholesterol)
  - vitamin D
  - c-reactive protein
  - fasting blood sugar
  - hemoglobin A1C
  - liver function
  - kidney function (basic metabolic panel)
  - TSH

### Other tests if indicated:

- echocardiogram
- stress test
- carotid/lower extremity Doppler
- Holter monitor
- event monitor

### Follow-up visit:

- dietary counseling
- exercise prescription
- discuss lab and test results
- research study and cardiac rehab program available

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3601 West 13 Mile Road · Royal Oak, MI 48073 · P: 248-898-8794 · F: 248-898-3127

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## Ministrelli Women's Heart Center

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, \_\_\_\_\_, hereby authorize:

*Patient Name*

William Beaumont Hospital or Other: \_\_\_\_\_

*Person or organization*

\_\_\_\_\_  
*Address*

its Director or designee, or Medical Information Services Department to release information contained in my patient records, including alcohol and drug abuse records, protected under the regulations in 42 Code of Federal Regulations, Part 2, if any psychiatric/psychological services records, if any social work records, if any including communications made by me to a social worker or psychiatrist/psychologist, and any information regarding communicable diseases and serious communicable diseases and infections, as defined by Michigan Department of Public Health which can include venereal disease, tuberculosis, HIV, AIDS or ARC, if any, to the individuals or organizations listed below, only under the conditions listed below:

Birthdate of patient: \_\_\_\_\_ Patient number: \_\_\_\_\_

1. Name of person(s) or organization (s) to which disclosure is to be made (indicate one):

\_\_\_\_\_ Ministrelli Women's Heart Center  
3601 West 13 Mile Road  
Royal Oak, MI 48073 F: 248-898-3127

2. Specific type of information to be disclosed:

\_\_\_\_\_ most recent laboratory work \_\_\_\_\_ stress test results  
\_\_\_\_\_ echo test results \_\_\_\_\_ EKG  
other (specify) \_\_\_\_\_

3. The purpose and need for such disclosure:

\_\_\_\_\_ continuation of treatment of health care  
\_\_\_\_\_ disability determination  
\_\_\_\_\_ billing information  
other (specify) \_\_\_\_\_

This authorization is subject to written revocation at any time except to the extent that William Beaumont Hospital has already taken action in reliance on the authorization. If not previously revoked, this authorization will terminate six (6) months from date of signature.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

[heart.beaumont.edu/ministrelli-womens-heart-center](http://heart.beaumont.edu/ministrelli-womens-heart-center)

**Ministrelli Women's Heart Center  
Cardiovascular Risk Factor Assessment**

**INITIAL VISIT**

**Please fill out completely.**

All information is confidential and will not be used to determine your eligibility for employment or health insurance coverage. Personally identifiable information will not be disclosed without your written permission. However, by completing this questionnaire, you agree to the use of data not identifying you by name for research purposes.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Personal Profile**

**Race:**  African American  Asian/Pacific Islander  Hispanic  Caucasian  Other (specify) \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widowed

**People Living with You:**  Live Alone  Spouse  Children  Parents  In-Laws  Other \_\_\_\_\_

**Education** (check highest level attained): Grade  6 or less  11 or less  High school graduate  
 College  Some college  College grad / professional  Advanced degree

**Where did you hear about the Ministrelli Women's Heart Center**

Newspaper  Magazine  Radio Ad  TV  Friend  Health Fair/Screening  Doctor's Presentation  
 Physician name \_\_\_\_\_  Internist  Cardiologist  Ob-gyn  Other \_\_\_\_\_

**Please explain why you are coming to the Ministrelli Women's Heart Center?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Yes No**

Do you wear a seatbelt?

Do you wear sun block?

Do you drink coffee, tea, or cola regularly?

Are there any cultural or religious issues that may affect your medical care?

Have you ever had a mammogram? If yes, date of most recent \_\_\_\_\_

Do you examine your breasts monthly?

Have you ever had a Bone Density Test? If yes, date of most recent \_\_\_\_\_

Have you ever had Rheumatic Fever?

Have you been the victim of sexual, emotional, or physical abuse/neglect?  
 If yes, would you like counseling? \_\_\_\_\_

Are you/have you been exposed to hazardous materials? If yes, what kind \_\_\_\_\_

Have you received a flu vaccine?

How many hours of sleep per day/night do you get? \_\_\_\_\_

How do you learn best?  Verbal Explanation  Demonstration  Audiovisual (VCR/TV)  Hand-outs (reading)

**Section A: Known Diseases**

Yes No

- Have you ever had a stroke or transient ischemic attack (TIA or 'mini stroke')?
- Have you ever had a heart attack, coronary artery bypass surgery, balloon angioplasty (PTCA) or stent (Drug Eluting Stent)?
- Do you have angina or have you ever received treatment for angina (that is, chest pain or discomfort due to heart disease)?
- Do you have numbness or burning sensation in your legs or feet?
- Have you ever been told by a doctor that you have blockages in the arteries to your legs or in your carotid (neck) arteries?
- Have you ever been told by your doctor that you have high blood pressure?
- Have you ever been told by your doctor that you have high cholesterol or high triglycerides?
- Have you ever been told by your doctor that you have diabetes or high blood sugar?
- Have you ever had diabetes or been hypertensive during pregnancy?
- Have you ever been told by your doctor that you have an abnormally high amount of protein in your urine?
- Have you ever been told by your doctor that you have a kidney disease or renal failure?
- Have you ever been told by your doctor that you have heart valve disease? If yes, what type? \_\_\_\_\_
- Have you ever been told by your doctor that you have congestive heart failure?
- Have you ever been told by your doctor that you have asthma or lung disease?
- Have you ever been told by your doctor that you have cancer? If yes, what type? \_\_\_\_\_
- Have you ever had any surgery (includes laser eye surgery)? If yes, what type? \_\_\_\_\_  
Approximate date of surgery? \_\_\_\_\_
- Have you ever been told by your doctor that you have a thyroid problem? If yes, what type? \_\_\_\_\_
- Do you have obstructive sleep apnea? If yes, do you use a machine (CPAP)? \_\_\_\_\_

**Section B: Do You Take Medication For**

Yes No

- High blood pressure?
- Controlling your cholesterol or triglycerides?
- Diabetes? If yes, how long \_\_\_\_\_
- Do you take insulin for diabetes? If yes, how long \_\_\_\_\_
- Chest pain or discomfort due to a heart problem (angina)?
- Heart failure

**Section C: Other Disease Risk Factors**

Yes No

- Have either of your parents or any of your brothers or sisters (exclude relatives by marriage or adoption) ever had any of the following cardiovascular problems at an early age (that is, under 55 for males or under 65 for females): stroke, heart attack, coronary artery bypass surgery, balloon angioplasty, stent, or blockages in the arteries to their legs or in their carotid arteries?
- Do you have any history of blood disorders?
- Have you ever used blood thinners? If yes, why \_\_\_\_\_
- Do you have a history of connective tissue disease?
- Do you have spider veins or varicose veins? If yes, are you interested in an evaluation? \_\_\_\_\_
- Do you currently smoke? If yes, how many packs per day? \_\_\_\_\_ For how many years? \_\_\_\_\_
- Have you ever smoked? If yes, for how long? \_\_\_\_\_ How many packs per day? \_\_\_\_\_  
When did you quit? \_\_\_\_\_
- Do you drink alcoholic beverages? If yes, what type:  Wine  Beer  Other \_\_\_\_\_  
Amount [ounce(s)] per day: \_\_\_\_\_
- Do you exercise? What type? \_\_\_\_\_ How often? \_\_\_\_\_ (# days per week)  
How long? \_\_\_\_\_ (minutes per session)
- Was there ever a time in your life that you exercised regularly?
- During the past six months, have you tried to limit the fats in your diet?
- Do you consider yourself overweight?
- During the past six months, do you feel that you have been under a great deal of stress either at home or at work?  
What do you do to manage your stress? (i.e. exercise, yoga) \_\_\_\_\_

Other: \_\_\_\_\_

**Ministrelli Women’s Heart Center  
Cardiovascular Risk Factor Assessment (cont’d.)**

**Section D: Medications and Allergies**

<b>Name of Medication</b> (Prescriptions, Over-the-counter, eye drops, supplements, patches, herbals, inhalers, implanted pumps)	<b>Dose of Medication</b> Example: One 20 mg tablet	<b>How Often Do You Take This Medication</b> (Example: 3 times a day, at bedtime)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**Allergies**

<b>Medication/Substance/Food</b>	<b>Reaction</b>
1	
2	
3	
4	
5	
6	
7	

**Section E: The Epworth Sleepiness Scale**

The Epworth Sleepiness Scale was developed by researchers in Australia and is used by sleep professionals to measure sleep deprivation. How likely are you to doze off or fall asleep in the following situations, rather than feeling just tired? This refers to your usual or recent way of life. Even if you have not done any of these things recently try to recall how they would have affected you.

Use the following scale and circle the most appropriate number for each situation:

**SCALE:**

**0 = no chance of dozing**

**1 = slight chance of dozing**

**2 = moderate chance of dozing**

**3 = high chance of dozing**

**SITUATION**

**CHANCE OF DOZING**

Sitting and Reading .....	0	1	2	3
Watching TV .....	0	1	2	3
Sitting inactive in a public place (e.g. a theater or a meeting) .....	0	1	2	3
As a passenger in a car for an hour without a break .....	0	1	2	3
Lying down to rest in the afternoon when circumstances permit .....	0	1	2	3
Sitting and talking to someone. ....	0	1	2	3
Sitting quietly after lunch without alcohol .....	0	1	2	3
In a car, while stopped for a few minutes in traffic .....	0	1	2	3

**Total Score:** \_\_\_\_\_

**Section F. Functional Assessment:**

This section will inform us of your ability with your daily activities

MOBILITY: Do you

- Walk independently
- Walk with the aid of cane or walker
- Use a wheelchair but independent on moving around including turning at corners
- Use a wheelchair with help of one person
- Immobile

Do you drive?  Yes  No If no, who drives you to your appointment(s)? \_\_\_\_\_

Do you have any shortness of breath when you do:

- Yes  No minimal activities? (walking around the house)
- Yes  No moderate activities? (stairs, showering, etc.)
- Yes  No vigorous activities? (running)

Do you need any help with your daily living?  Yes  No If yes, how? \_\_\_\_\_

Have you fallen in the past six months?  Yes  No If yes, please explain circumstances \_\_\_\_\_

**History of falls:** If yes to the above question, please check the box below how many times you fell in the past six months

- No falls in past 6 months
- 1-2 falls in past 6 months
- 3 or more falls in past 6 months

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## Ministrelli Women's Heart Center

### Directions to the Ministrelli Women's Heart Center

Beaumont Hospital, Royal Oak  
3601 West 13 Mile Road, First Floor  
Royal Oak, MI 48073  
P: 248-898-8794

- » **I-75 north: use the 12 Mile exit and turn left, going west**
- » **I-75 south: use the 12 Mile exit and turn right, going west**

Stay on 12 Mile until you get to Woodward Avenue; turn right onto Woodward (north). Take Woodward Avenue to 13 Mile Road; make a median turn to go left onto 13 Mile (west). At the second traffic light, the Beaumont North Entrance will be on your left. You may use valet for a small fee, or use the visitor parking lot at no charge.

- » **I-696 west: use the Woodward Avenue exit and turn right onto Woodward (north)**
- » **I-696 east: use the Woodward Avenue exit and turn left onto Woodward (north)**

Take Woodward Avenue to 13 Mile Road, make a median turn to go left onto 13 Mile (west). At the second traffic light the Beaumont North Entrance will be on your left. You may use valet for a small fee or use the visitor parking lot at no charge.

### From:

- » **Ann Arbor:** M-14 east to I-275 north to I-696 east; follow above directions
- » **Grosse Pointe/St Clair Shores:** I-696 west; follow above directions
- » **Flint:** I-75 south; follow above directions
- » **Jackson:** I-94 east to I-275 north to I-696 east; follow above directions
- » **Lansing:** I-96 east to I-696 east; follow above directions
- » **Novi/Farmington:** I-696 east; follow above directions
- » **Downriver Area/Toledo:** I-75 north; follow above directions

The **Ministrelli Women's Heart Center** is located in the **Heart and Vascular Center** on the **first floor of Beaumont, Royal Oak**. Use the **East Entrance** of the hospital and **check in at Guest Services**. You will be directed where to go from there.

[heart.beaumont.edu/ministrelli-womens-heart-center](http://heart.beaumont.edu/ministrelli-womens-heart-center)



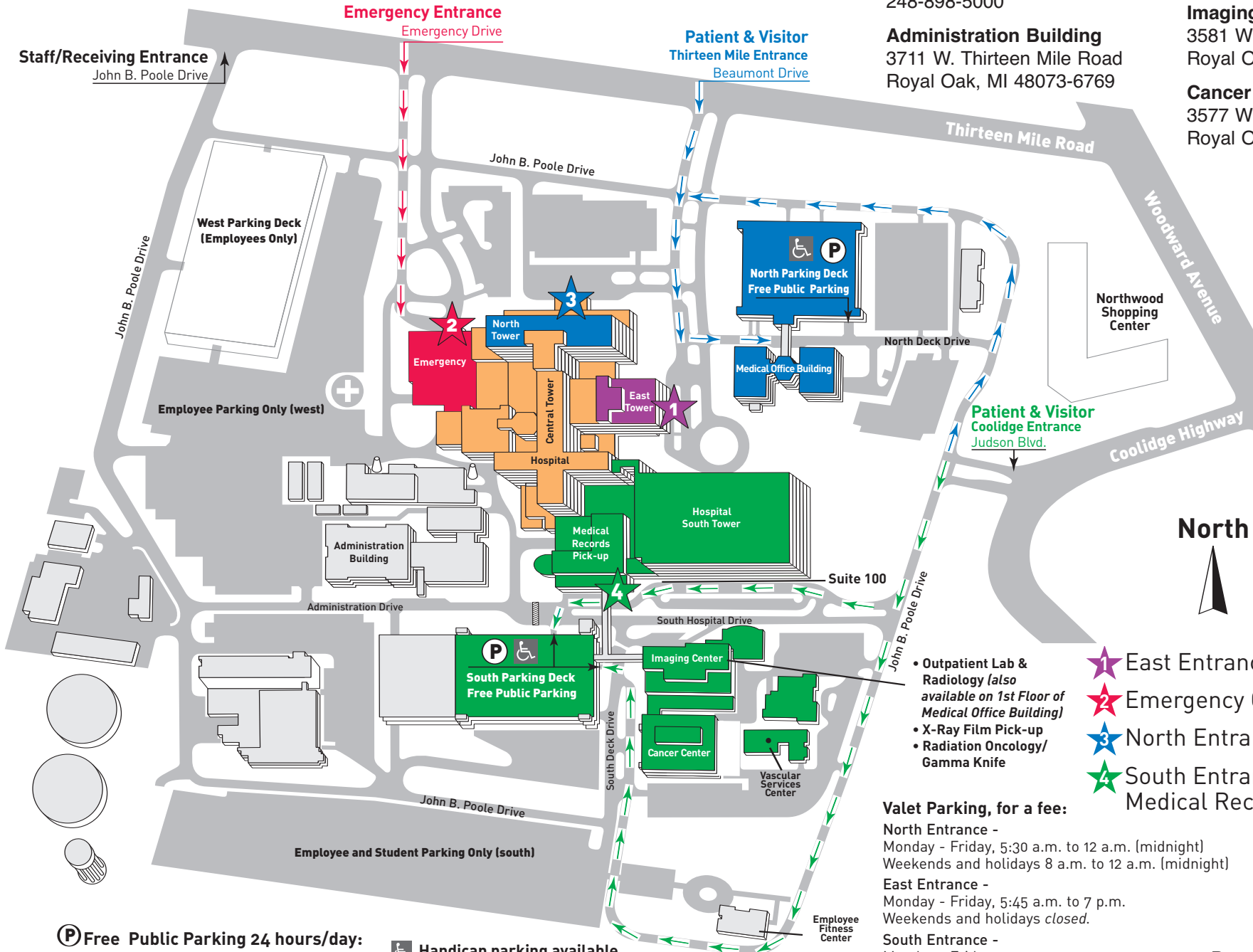
**Beaumont Hospital, Royal Oak**  
 3601 W. Thirteen Mile Road  
 Royal Oak, MI 48073-9769  
 248-898-5000

**Medical Office Building**  
 3535 W. Thirteen Mile Road  
 Royal Oak, MI 48073-6769

**Administration Building**  
 3711 W. Thirteen Mile Road  
 Royal Oak, MI 48073-6769

**Imaging Center**  
 3581 W. Thirteen Mile Road  
 Royal Oak, MI 48073-9769

**Cancer Center**  
 3577 W. Thirteen Mile Road  
 Royal Oak, MI 48073-9769



**P** Free Public Parking 24 hours/day:

North Parking Deck **NORTH** Blue  
 South Parking Deck **SOUTH** Green

**H** Handicap parking available in all parking areas.  
 Special equipped oversized vehicles - see door attendant

- ★ East Entrance
- ★ Emergency Center Entrance
- ★ North Entrance
- ★ South Entrance and Medical Records Pick-up

**Valet Parking, for a fee:**

**North Entrance -**  
 Monday - Friday, 5:30 a.m. to 12 a.m. (midnight)  
 Weekends and holidays 8 a.m. to 12 a.m. (midnight)

**East Entrance -**  
 Monday - Friday, 5:45 a.m. to 7 p.m.  
 Weekends and holidays *closed*.

**South Entrance -**  
 Monday - Friday, 5:30 a.m. to 11 p.m.  
 Weekends and holidays 8 a.m. to 11 p.m.

**Emergency Entrance -**  
 10:00 a.m. to 12 a.m. (midnight) daily

**Beaumont is a smoke-free campus**

## **Beaumont Health System, Royal Oak Patient and Visitor Parking Information (Information subject to change)**

### **FREE Public Parking**

Based on patient and visitor feedback, parking for patients and visitors in Beaumont's North (blue) Parking Deck and South (green) Parking Deck is FREE. Parking is available in the decks 24 hours a day.

To help you locate the parking deck closest to your destination, we've created color-coded wayfinding flags. Blue flags lead you to the North Deck, convenient to the North and East Entrances; green flags lead you to the South Deck, near the South Entrance. This is another step in our efforts to improve your Beaumont experience.

### **Valet Parking**

Valet parking is available at the North, South and East Entrances for a fee of \$4. Value packs are available, 5 visits for \$16 or an all-day pass for \$8.

Valet is available:

#### **North Entrance -**

Monday through Friday – 5:30 a.m. to 12:00 a.m. (midnight)  
Weekends and holidays – 8:00 a.m. to 12:00 a.m. (midnight)

#### **East Entrance -**

Monday through Friday – 5:45 a.m. to 7:00 p.m.  
Weekends and holidays – Closed

#### **South Entrance -**

Monday through Friday – 5:30 a.m. to 11:00 p.m.  
Weekends and holidays – 8:00 a.m. to 11:00 p.m.

Emergency Entrance – Daily – 10:00 a.m. to 12 a.m. (midnight)

Cars can be retrieved at the North and South entrances until midnight. Cars left in valet parking after midnight can be retrieved by calling Security, ext. 80911 (248-898-0911).

### **Day of Discharge Parking**

On the day of discharge, speak to the patient's nurse or refer to the discharge brochure in the patient's room to determine which entrance to arrive at for discharge (East or South). Drive to that entrance and speak with an Entrance Attendant, who will direct you to free, convenient parking.

For additional parking information

Call: 248-551-0920

Monday through Friday – 8:00 a.m. to 4:30 p.m.