Shortness of Breath - Transthoracic Echocardiogram (TTE)

Clinical Assessment Questions

The questions listed below are for reference only. **PLEASE DO NOT FAX THIS DOCUMENT.**

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Question 1

Is the shortness of breath believed to be due to a cardiac condition? (e.g., CAD, cardiomyopathy, valvular abnormality) [Required, Single Select]

- ◯ Yes
- ◯ No

Question 2

Does the patient have any of the following? [Required, Multi Select]

- ☐ Coronary artery disease (CAD)
- ☐ History of heart attack (myocardial infarction)
- ☐ Palpitations
- ☐ Abnormal cardiac test results (e.g., ECG, chest radiography, or stress test)
- ☐ TIA, stroke, or peripheral embolic event
- ☐ Pericardial disease
- ☐ Primary myocardial disease (cardiomyopathy)
- ☐ Hypertensive heart disease
- ☐ Valvular heart disease or heart murmur
- ☐ Previous heart surgery
- ☐ None of the above