



Cardiologist \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Personal Information:

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Drug and Food Allergies (Please List):

Medical History:

Past Medical History:

How Long?

Past Surgical History:

Table with 3 columns: Condition, YES, NO. Rows include High Blood Pressure, High Cholesterol, Diabetes Mellitus, Previous Stroke, Previous Heart Attack, Previous Heart Failure, Heart Murmur, Sleep Apnea, COPD/Emphysema, Asthma, Kidney Disease, Bleeding Ulcers, Cancer.

Table with 3 columns: Condition, YES, NO. Rows include Gallbladder, Appendectomy, Hysterectomy, Cardiac Surgery, Coronary Angioplasty/Stent, Pacemaker or Defibrillator.

Other: (Please List)

Family Medical History of Heart Disease:

(Please circle appropriate answer/list age)

Table for family medical history with columns for Mother, Father, Sister or Brother and rows for Heart Attack (MI), Bypass, Congestive Heart Failure, Coronary Artery Disease (CAD), High B/P, Stroke, Sudden Death, Stent.

Occupation \_\_\_\_\_ Marital Status: M S W D Children: \_\_\_ sons \_\_\_ daughters

Exercise: Regularly Occasional Sedentary

Alcohol Consumption/Amount: Tobacco Use/Amount:

Review of Systems:

(Please circle appropriate answers for this section)

Cardiovascular:

Table with 3 columns: Symptom, YES, NO. Rows include Chest pressure, palpitations, sweating, fainting, sitting up to breathe, waking at night.

Vascular:

Table with 3 columns: Symptom, YES, NO. Rows include Pain in legs, Swelling in feet or legs.

Constitutional:

Table with 3 columns: Symptom, YES, NO. Rows include Weight Gain, Weight Loss, Fever.

Eyes, Ear, Nose, Throat:

Table with 3 columns: Symptom, YES, NO. Rows include Vision Changes, Hearing Loss.

Pulmonary:

Table with 3 columns: Symptom, YES, NO. Rows include Snoring, Coughing up blood, Difficulty in breathing.

Gastrointestinal:

Table with 3 columns: Symptom, YES, NO. Rows include Nausea, Reflux, Bleeding.

Genitourinary:

Table with 3 columns: Symptom, YES, NO. Rows include Blood in urine, Urinary frequency at night.

Neurological:

Table with 3 columns: Symptom, YES, NO. Rows include Dizziness, Memory Loss, Seizures.

Psychiatric:

Table with 3 columns: Symptom, YES, NO. Rows include Depression, Hallucinations.

Hematologic:

Table with 3 columns: Symptom, YES, NO. Rows include Anemia, Bleeding disorder.

Reproductive:

Table with 3 columns: Symptom, YES, NO. Row include History of oral contraception.

Endocrine:

Table with 3 columns: Symptom, YES, NO. Rows include Goiter, Tremors.

Skin:

Table with 3 columns: Symptom, YES, NO. Rows include Rash, Skin sores or lesions.

Muscle/Joint/Bone:

Table with 3 columns: Symptom, YES, NO. Rows include Joint pain, Muscle pain.

