



Name: _____ DOB: ____/____/____ Today's Date: ____/____/____

Cell or Home Phone Number: (____) ____ - ____ Email: _____

What is the main reason for your visit? (i.e., checkup) _____

Were you referred by another doctor? Yes No If yes, who? _____

Do you have a primary care doctor? Who? _____ None

Who, if any, are the specialists you see? _____

How did you hear about us? (Click one) Physician Referral Friend/Relative Internet Search

Other: _____

RECENT SYMPTOMS

- | | | |
|---|-----------|----------|
| 1. Do you have chest pain? | _____ Yes | _____ No |
| 2. Do you have shortness of breath? | _____ Yes | _____ No |
| a. If yes, with exertion? | _____ Yes | _____ No |
| b. If yes, while lying flat in bed? | _____ Yes | _____ No |
| c. If yes, does it wake you at night? | _____ Yes | _____ No |
| 3. Have you had swelling in your legs? | _____ Yes | _____ No |
| 4. Do you routinely develop pain in your legs when you walk? | _____ Yes | _____ No |
| 5. Have you passed out recently? | _____ Yes | _____ No |
| 6. Have you felt your heart beating fast or skipping for no reason? | _____ Yes | _____ No |

PAST MEDICAL HISTORY

	<u>Problem</u>	<u>Year Diagnosed</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

(click yes or no)

- | | | |
|---------------------|-----------|----------|
| High Blood Pressure | _____ Yes | _____ No |
| High Cholesterol | _____ Yes | _____ No |
| Diabetes | _____ Yes | _____ No |
| Heart Attack | _____ Yes | _____ No |
| Heart Failure | _____ Yes | _____ No |

PAST SURGICAL HISTORY

	<u>Type of Surgery</u>	<u>Year of Surgery</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

FAMILY MEDICAL HISTORY

Do heart attacks run in your family? Yes No
If yes, who, and at what age did they have it?

Please list any health concerns (especially cardiac) of your:
(click to select option)

Father: (Alive or Deceased?) _____

Mother: (Alive or Deceased?) _____

Paternal Grandparents: (Alive or Deceased?) _____

Maternal Grandparents: (Alive or Deceased?) _____

Siblings: (Alive or Deceased?) _____

