

Please help us find out about you by filling out the "Patient" side of this form.

Please leave the "Clinician" side blank.

**PATIENT**

Why are you here to see a cardiologist?

Check off any heart problems or symptoms

- Heart attack
- Angina
- High Blood Pressure
- Heart Murmur
- Rheumatic Fever
- Abnormal Rhythm (arrhythmia)
- Palpitations, irregular heartbeats
- Fainting
- Enlarged Heart
- Chest Pains or Pressure
- Shortness of Breath
- Dizziess
- Swollen Legs
- Heart Failure
- Blue Lips or Fingernails
- Leg Cramps When You Walk

**Have you ever had:**

- A Stress Test
- An Echocardiogram
- Cardiac Catheterization/Heart Catheterization
- Coronary Angiopalsty (balloon)
- Coronary Bypass Surgery
- Valve Surgery
- An Electrophysiology Study or Procedure
- A Pacemaker or Defibrillator

**Tell us about your risk of heart disease**

**Please check if you have:**

- High Blood Pressure
- High Cholesterol
- Ever Smoked
- Diabetes

Do you exercise (including walking)?

Has a close family member had a heart attack, angina or bypass surgery? \_\_\_\_\_

Who? \_\_\_\_\_

If you are a woman, have you passed menopause (change of life)? \_\_\_\_\_

At what age? \_\_\_\_\_

Do you take estrogen replacement? \_\_\_\_\_

Please tell us anything else about your heart:  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT**

**Please tell us about your medicines (name dose or strength, how many times a day Include over-the-counter medications:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

HPI (Circle: Brief Extended  
Elements: Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms

**Brief = 1 - 3 elements; Extended > 4 elements**

Are you being treated now or have been treated for any illness? Please list them:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Have you had any operations? Any injuries?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Marital Status:      S      M      W      D

With whom do you live? \_\_\_\_\_

Occupation: \_\_\_\_\_

Leisure Activities: \_\_\_\_\_

Education Level: \_\_\_\_\_

**Health Habits:**

Do you smoke? \_\_\_\_\_

How many packs per day? \_\_\_\_\_

For how many years? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_

Do you use any drugs? \_\_\_\_\_

Check if any close family members (parents, brothers and sisters, children) have:

- Heart Problems
- High Blood Pressure
- Diabetes
- Cancer

Are there any other health problems in your family?

\_\_\_\_\_

Are you allergic to any medicines? \_\_\_\_\_

List medications to which you are allergic: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of reaction did you have? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please circle any symptoms you have so we can find out more about it:

**REVIEW OF SYSTEMS**

Lack of energy; trouble sleeping; loss of appetite; weight changes; fevers
Eye problems, such as double or blurred vision; Glaucoma; cataracts
Hearing problems; buzzing or ringing in ears
Allergies; hay fever
Sinus problems
Breathing problems; wheezing; cough; coughing blood
Asthma; tuberculosis
Stomach problems; indigestion; change in bowel habits Bloody or tarry stools; jaundice; liver problems; Ulcers; gallstones
Urinary problems; Frequency; infections; stones; Bladder Men: Prostate problems; night-time urination Women: Abnormal menstrual periods. Could you be pregnant?
Joint pains swelling or redness; arthritis; back pain; muscle aches or tenderness; gout
Rash, itching or other skin problems
Women: breast lumps; recent mammogram, pap smear and/or pelvic exam
Paralysis (even temporary); stroke; numbness; loss of balance Seizure; loss of memory; headaches
Unusual thoughts; nervousness; crying or sadness; depression; Suicide attempts
Thyroid disorder; diabetes; excess thirst; hunger or urination
Bleeding; easy bruising; risk factors or HIV; anemia; cancer

Constitutional
HEENT
Respiratory
Digestive
Urinary
Musculoskeletal
Dermatological
Female Reproductive
Neurological
Psychiatric
Endocrinology
Hematological