

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

REFERRING MD: \_\_\_\_\_ PRIMARY MD: \_\_\_\_\_

**PAST MEDICAL HISTORY:** (circle all that apply)

DIABETES YES/NO AGE AT ONSET: \_\_\_\_\_ INSULIN YES/NO  
HIGH BLOOD PRESSURE HIGH CHOLESTEROL  
PREVIOUS HEART ATTACK: YES / NO WHEN: \_\_\_\_\_  
CONGESTIVE HEART FAILURE COPD/EMPHYSEMA  
OTHER: \_\_\_\_\_

**FAMILY HISTORY:**

Did any family members have heart or vascular disease at a young age (less than 60 yrs old) YES/NO  
MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_  
BROTHERS: \_\_\_\_\_ SISTERS: \_\_\_\_\_

**SOCIAL HISTORY:**

MARRIED/WIDOW/SINGLE NUMBER OF CHILDREN: \_\_\_\_\_ RETIRED: YES/NO  
OCCUPATION: \_\_\_\_\_

DO YOU CURRENTLY SMOKE CIGARETTES: YES/ NO # of packs per day: \_\_\_\_\_

HAVE YOU EVER SMOKED: YES/NO WHEN DID YOU QUIT?: \_\_\_\_\_

DO YOU DRINK ALCOHOL REGULARLY: YES / NO HOW MUCH?: \_\_\_\_\_

**REVIEW OF SYMPTOMS:** (circle all that apply)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**General:** Weight loss, Weight gain, Loss of appetite, Fever

**Cardiac:** Chest pain, Chest tightness/pressure, Shortness of breath when lying flat, Palpitations, Shortness of breath with exertion, Heart murmur, Atrial fibrillation, Arrhythmia

**Pulmonary:** Home oxygen, Productive cough, Bronchitis, Coughing up blood, Asthma, Wheezing

**GI:** Black stool, Blood in stool, Peptic ulcer disease, Reflux, Hiatal Hernia, Trouble Swallowing, Abdominal pain, Diarrhea, Constipation

**GU:** Kidney disease, Burning with urination, Having to urinate frequently

**Vascular:** Pain in legs with walking, Pain in feet when lying flat, Non-healing, Stroke, Ministroke, Slurred speech, Temporary blindness in one eye, Blood clot in vein, Phlebitis

**Neuro:** Dizziness, Blackouts, Headaches, Seizures

**Ortho/Skin:** Arthritis, Joint pain, Muscle pain, Rash

**Psychiatric:** Depression, Nervousness

**ENT:** Recent change in eyesight, Change in hearing

**Heme:** Bleeding problems, Clotting disorders, Anemia

**TODAYS DATE:**