OVERLAKE INTERNAL MEDICINE ASSOCIATES
CARDIOLOGY HEALTH HISTORY

Name: _____ Age:_____Gender:_____

Primary Care doctor: _____

Why are you here to see a Cardiologist? _____
_____
_____

Please check any of the following which apply to you:

_ heart attack
_ angina
_ high blood pressure
_ high cholesterol
_ family history of early heart disease
_ heart murmur
_ chest pains
_ diabetes
_ palpitations
_ fainting/black-outs
_ atrial fibrillation
_ heart failure
_ enlarged heart
_ swollen feet, ankles or calves
_ leg cramps
_ lightheadedness/dizziness

Please provide the most recent test date for any of the following that pertain to you:

cardiac echo _____
stress echo _____
nuclear test of the heart _____
cardiac catheterization _____
pacemaker insertion _____
angioplasty/stent _____
coronary bypass surgery _____
valve repair/replacement _____
electrophysiology study _____
defibrillator insertion _____

Medical conditions:

_____ _____
_____ _____
_____ _____

Prior surgeries: (list date of surgery)

_____ _____
_____ _____
_____ _____

List your medications/dosages:

_____ _____
_____ _____
_____ _____

Allergies:

_____ _____
_____ _____

Family history:

Do you have a family history of heart disease? _____
Age/cause of illness or death of father _____, mother _____,
brother/sister _____, other _____

Social history:

Marital status: _ Single _ Married _ Widowed _ Divorced
Occupation: _____
Frequency and type of exercise: _____
Do you smoke? _ Y _ N How many years did you smoke? _____ How much? _____
Do you drink alcohol? _ Y _ N How much, and how often? _____
Do you drink caffeinated beverages? _ Y _ N How much and how often? _____
Do you use recreational drugs? _ Y _ N How much and how often? _____

Please check any symptoms you have had in the last month:

_ fatigue
_ fever
_ chills
_ weight loss
_ weight gain
_ sputum
_ stomach problems
_ indigestion
_ constipation
_ diarrhea
_ black, tarry stools
_ paralysis
_ loss of consciousness
_ aphasia
_ lightheadedness
_ shortness of breath
_ wheezing
_ cough
_ chest pain
_ palpitations
_ edema
_ joint pain
_ muscle aches
_ rash
_ anemia
_ bleeding
_ excessive thirst
_ excessive urination
_ depression
_ nervousness

Are there any other concerns or questions you wish to have addressed at this visit?

_____
_____
_____
_____