

NEW PATIENT

PROFILE & MEDICAL HISTORY

following:

- Stroke
- Diabetes
- High Blood Pressure

Check the box if you *have a*
FAMILY HISTORY of the

- Heart Attack
- High Cholesterol

Check the box if you have had any of the
 following procedures or surgeries?

- Treadmill or Exercise Test (Date _____)
- Heart Catheterization (Date _____)
- Angioplasty (Balloon) (Date _____)
- Heart/Blood Vessel Surgery (Date _____)
- Heart Valve Replacement (Date _____)
- Pacemaker Implanted (Date _____)

Check the box if you have a *PERSONAL HISTORY* of any
 of the following:

- Asthma
- Emphysema/COPD (lung diseases)
- High Blood Pressure
If yes, how is it treated? _____
- High Cholesterol or Triglycerides
If yes, how is it treated? _____
- Heart Attack
If yes, when? _____
- Peripheral Vascular Disease
- Heart Murmur
- Mitral Valve Prolapse
- Congestive Heart Failure
- Rheumatic Fever
- Stroke .
If yes, when? _____
- Seizures
- Diabetes
If yes, *how* is it treated? _____
- Gout
- Cancer .
- AIDS/HIV
- Kidney/Urinary Problems
- Thyroid Disorder
- Hiatal Hernia
- Ulcers

Are you allergic to any medications: No Yes

Please list hospital name and dates where you
 have been hospitalized in the past year:

Please list any recent operations or surgeries:

Do you smoke? If so, how much each day? ____
 If you quit smoking, when? _____

How many alcoholic beverages do you consume
 each day? _____

How many caffeinated beverages do you consume
 each day? _____

Do you exercise? If so, how often and what type?

(Women) .

Are you taking oral contraceptives? Yes No

Are you pregnant or planning pregnancy?
 Yes No

Are you post-menopausal? Yes No

Have you had a hysterectomy? Yes No
(Men)

Have you had prostate problems? Yes No

Check the box if you experience any of the following
 symptoms:

- Shortness of Breath
- Edema (swollen legs, ankle or feet)
- Cough
- Chest Pain/Pressure/Discomfort
- Irregular Heartbeats or Palpitations
- Dizziness
- Bruise or Bleed Easily
- Heartburn
- Nausea, Vomiting, or Abdominal Discomfort
- Leg Pains with Walking
- Fatigue