PATIENT NAME _____ **DOB** _____ **Age** _____ **Date** _____

Office Use Only

Temperature	Blood Pressure	Pulse	Saturations	Height (ft/in)	Weight (lbs)

REASON FOR TODAY'S VISIT

_____

_____

PRIMARY CARE MD _____ **REFERRING MD** _____ **CARDIOLOGIST** _____

PHARMACY (Name)

Address	Phone #

MEDICATION LIST

☐ NO MEDICATIONS

LIST OUT ALL CURRENT MEDICATIONS

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please indicate which blood thinning medications you are currently taking:

☐ Coumadin	☐ Pradaxa	☐ Eliquis	☐ Pletal	☐ Aggrenox	☐ Aspirin 81	☐ Brilinta
☐ Plavix	☐ Effient	☐ Xarelto	☐ Persantine	☐ Lovenox	☐ Aspirin 325	

DO YOU HAVE ANY MEDICAL ALLERGIES?

☐ NO KNOWN ALLERGIES

☐ Penicillin	☐ Sulfa	☐ Dye	☐ Latex	☐ Nickel	☐ Codeine	☐	☐
☐ Mild	☐ Mild	☐ Mild	☐ Mild	☐ Mild	☐ Mild	☐ Mild	☐ Mild
☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate
☐ Severe	☐ Severe	☐ Severe	☐ Severe	☐ Severe	☐ Severe	☐ Severe	☐ Severe
☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A

FAMILY HISTORY

☐ NO FAMILY HISTORY

Mother	Father	Siblings	Grandparents
☐ Heart disease	☐ Heart disease	☐ Heart disease	☐ Heart disease
☐ High blood pressure	☐ High blood pressure	☐ High blood pressure	☐ High blood pressure
☐ High cholesterol	☐ High cholesterol	☐ High cholesterol	☐ High cholesterol
☐ Diabetes	☐ Diabetes	☐ Diabetes	☐ Diabetes
☐ Stroke	☐ Stroke	☐ Stroke	☐ Stroke
☐ Cancer	☐ Cancer	☐ Cancer	☐ Cancer
☐ DVT Legs (acute)	☐ DVT Legs (acute)	☐ DVT Legs (acute)	☐ DVT Legs (acute)

HABITS

Tobacco	Alcohol	Drug Use
☐ Never smoked tobacco	☐ Never drank alcohol	☐ Never used drugs
☐ Former tobacco user	☐ Former alcohol user	☐ Former drug user
☐ Current tobacco user	☐ Current alcohol user	☐ Current drug user
Type _____	Type _____	Type _____
Amount _____	Amount _____	Amount _____
Quit Date _____	Quit Date _____	Quit Date _____

PATIENT NAME _____ **DOB** _____ **Age**_____ **Date**_____

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL ILLNESSES? ✓all that apply

☐ NO PAST MEDICAL HISTORY

- ☐ Atrial fibrillation
- ☐ Coronary artery disease
- ☐ Aortic valve disease
- ☐ Mitral valve disease
- ☐ Heart failure
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes mellitus
- ☐ Peripheral artery disease
- ☐ COPD/Emphysema
- ☐ Chronic kidney disease
- ☐ Dialysis
- ☐ TIA
- ☐ Stroke
- ☐ Peptic ulcer disease
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ HIV
- ☐ Cancer
- ☐ Varicose Veins
- ☐ DVT (acute)
- ☐ DVT (chronic)

_____

_____

_____

_____

_____

SURGICAL HISTORY ✓all that apply

☐ NO SURGICAL HISTORY

General Surgery
- ☐ Abdominal Exploration
- ☐ Appendix Removal
- ☐ Gallbladder Removal
- ☐ Gastric Bypass
- ☐ Hernia Repair
- ☐ Colostomy

OB/GYN Surgery
- ☐ Cesarean Section
- ☐ Hysterectomy
- ☐ Tubal Ligation

GU Surgery
- ☐ Prostatectomy (TURP)
- ☐ Vasectomy

Ortho/Spine Surgery
- ☐ Hip Replacement
- ☐ Knee Replacement
- ☐ Laminectomy, Cervical
- ☐ Laminectomy, Thoracic
- ☐ Laminectomy, Lumbar
- ☐ Spinal Surgery
- ☐ Spinal Surgery, Cervical
- ☐ Spinal Surgery, Thoracic
- ☐ Spinal Fusion

Dialysis Surgery
- ☐ Dialysis Catheter
- ☐ AV Fistula
- ☐ AV Graft

Thoracic Surgery
- ☐ Tracheostomy
- ☐ Mediastinoscopy
- ☐ Thoracoscopy (VATS)
- ☐ Thoracotomy
- ☐ Sternotomy

Cardiac Surgery
- ☐ Coronary Bypass
- ☐ Aortic Graft Procedures
- ☐ Cardiac Ablation
- ☐ Aortic Valve Surgery
- ☐ Mitral Valve Surgery
- ☐ Pulmonary Valve Surgery
- ☐ Tricuspid Valve Surgery
- ☐ Coronary Stents

Vascular Surgery
- ☐ Carotid Endarterectomy
- ☐ Aneurysm Repair, Thoracic
- ☐ Aneurysm Repair, Abdominal
- ☐ Aneurysm Repair, Iliac
- ☐ Aneurysm Repair, Popliteal
- ☐ Abdominal Aorta Bypass
- ☐ Lower Extremity Bypass
- ☐ Amputation, Above Knee
- ☐ Amputation, Below Knee
- ☐ Amputation, Foot
- ☐ Amputation, Toe
- ☐ Sclerotherapy: Varicose Vein
- ☐ Peripheral Stents

List other procedures note listed above

_____

_____

_____

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS ✓all that apply

☐ NONE OF THE FOLLOWING SYMPTOMS

General
- ☐ Fever
- ☐ Chills
- ☐ Weight change
- ☐ Lack of energy
- ☐ Sweating
- ☐ Weakness

Cardiovascular
- ☐ Chest pain
- ☐ Palpitations
- ☐ Difficulty breathing
- ☐ Swelling

Respiratory
- ☐ Shortness of breath
- ☐ Coughing blood
- ☐ Cough
- ☐ Wheezing

Extremities
- ☐ Pain with activity
- ☐ Leg edema/swelling
- ☐ Ulcers
- ☐ Coldness of extremities
- ☐ Paleness, lack of color
- ☐ Lack of hair
- ☐ Redness
- ☐ Varicose Veins

Neurological
- ☐ Migraine Headache
- ☐ Headache
- ☐ Seizure
- ☐ Blackout spells
- ☐ Slurred speech
- ☐ Numbness
- ☐ Tremor

Ophthalmologic
- ☐ Blurred vision
- ☐ Light sensitivity
- ☐ Eye redness
- ☐ Eye tearing

ENT
- ☐ Hearing loss
- ☐ Tinnitus/Ringing
- ☐ Ear pain
- ☐ Nose bleed
- ☐ Sore throat

Genitourinary
- ☐ Pain with urination
- ☐ Flank pain
- ☐ Frequency of urination
- ☐ Incontinence
- ☐ Urinating blood

Endocrine
- ☐ Extreme thirst
- ☐ Fatigue
- ☐ Frequent urination
- ☐ Kidney stones

Mental status
- ☐ Depression
- ☐ Memory loss
- ☐ Insomnia
- ☐ Hallucinations

Dermatologic
- ☐ Rash
- ☐ Itching
- ☐ Bruising