CARDIOVASCULAR CONSULTANTS MEDICAL GROUP

Consultative and Interventional Cardiology Cardiac Electrophysiology

Peripheral Vascular Disease A Partnership of Medical Corporations

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Please choose your office:	ENCINO	MISSION HI	LLS VALENCIA	WESTWOOD	
NAME:					
AGE:D	OB:	B: HEIGHT:		WEIGHT:	
MARITAL STATUS: S	M W	D SEF	OCCUPATION: _		
HOW DID YOU HEAR ABO	UT US?				
REFERRING PHYSICIAN(S):				
REASON FOR CONSULTAT					
CARDIAC HISTORY					
PREVIOUS DIAGNOSIS OF	HEART DISEA	ASEYI	ES NO		
IF YES, PLEASE ELABORA	TE				
SYMPTOM REVIEW: HAVE	E YOU BEEN T	ROUBLED BY			
CHEST PAIN SHORTNESS OF BE PALPITATIONS SWELLING OF ANI DIZZINESS FAINTING	_	YES YES YES YES YES YES YES YES	NO NO NO NO NO NO		
HAVE YOU EVER HAD:					
HEART MURMUR HIGH BLOOD PRES	SSURE _	YES YES	NO NO		

HIGH CHOLESTEROL DIABETES HEART ATTACK STROKE	YES YES YES	NO NO NO		
PRIOR CARDIAC TESTS:				
LAST ELECTROCARDIOGRAM LAST CHEST X-RAY LAST TREADMILL TEST	DATE DATE DATE	NORMAL	ABNORMAL ABNORMAL ABNORMAL	
PRIOR CARDIAC PROCEDURES: (II AS PHYSICIANS, LOCATIONS, ANI			Y, OPEN HEART, ETC., AS WELL	
1				_
2				_
3				_
4				_
ANY COMPLICATIONS?				
				_
NON-CARDIAC HISTORY				
DESCRIBE ANY OTHER MEDICAL	CONDITIONS OF F	I A CNIOSES		
DESCRIBE ANT OTHER MEDICAL	CONDITIONS OR L	TAGNOSES		
				_
			G AND DATES HE DOGGNEY EX	-
PRIOR NON-CARDIAC PROCEDUR	,		S AND DATES IF POSSIBLE)	
1				-
2				_
3				_
4				_
ANY COMPLICATIONS?				
				_
<u>HABITS</u>				
SMOKING Never a smoker ALCOHOL YES	NO DESCI	RIBE	nt smoker/ Quantity?	_
EXERCISE YES COFFEE YES	NO DESCI NO DESCI	KIBE		_
SPECIAL DIET YES	NO DESCI	RIBE		

FAMILY HISTORY	

FATHER:				EASED: AGE	/CAUSE			
MOTHER: BROTHER(S):	IF LIVING: AGE / I	HEALTH HEALTH		EASED: AGE_ EASED: AGE	/CAUSE			
` '		HEALTH		_				
REVIEW OF S	YSTEMS							
		n Voc No	. 1 h .a	Decemt Wei	aht Logg	Vac	No	1ha
Constitutiona	ıl: Recent Weight Gai	n res_ No)1bs.	Recent weig	gnt Loss	res	. NO	_IDS.
Respiratory:	Cough Yes	_No Slee	p Apnea ₋	Yes	_No			
Gastrointesti	nal: Abdominal Pain	Yes	No Co	nstipation	_Yes	No		
Urinary: Pair	nful Urination Ye	s No In	creased F	requency	_Yes	No		
Musculoskel	etal: Joint pain Y	esNo						
Neurological	: Headache Yes	No Diz	ziness	_YesN	Ю			
Do your legs ev	er feel tired, causing you	to stop and rest?		YESN	1O			
When you walk	do you ever have to stop	because you have	pain or cra	mping in your o	calves or thigl	ns?	YES _	NO
Do you ever exy when you stand	perience cramping, tightnous up? YES	ess, "Charlie Hors NO	ses" or pain	in the legs and	feet when lyin	ng down	that imp	roves
Has anyone eve	r told you that you have p	oor circulation in	your legs, i	ntermittent clau	dication or po	eripheral	arterial	disease?
MEDICATION	S							
DRUG	_	REQUENCY	DATE F	IRST PRESCR	IBED	PHYS	SICIAN	
1								
2								
3								
4								
5								
6								
7								
8								
DESCRIBE AN	IY ALLERGIES							
DRUGS		YES _	NO	COMMENTS	:			

IODINE OR CONTRAST AGENTS	YES NO	COMMENTS:
OTHER ALLERGIES	YES NO	COMMENTS:
FOR WOMEN ONLY		
NUMBER OF PREGNANCIES	_ NUMBER OF CHILDREN	MENOPAUSE:YESNO
History 3 page 7.20		