

HIGH CHOLESTEROL	_____ YES	_____ NO
DIABETES	_____ YES	_____ NO
HEART ATTACK	_____ YES	_____ NO
STROKE	_____ YES	_____ NO

PRIOR CARDIAC TESTS:

LAST ELECTROCARDIOGRAM	DATE _____	NORMAL _____	ABNORMAL _____
LAST CHEST X-RAY	DATE _____	NORMAL _____	ABNORMAL _____
LAST TREADMILL TEST	DATE _____	NORMAL _____	ABNORMAL _____

PRIOR CARDIAC PROCEDURES: (INCLUDE ANGIOGRAPHY, ANGIOPLASTY, OPEN HEART, ETC., AS WELL AS PHYSICIANS, LOCATIONS, AND DATES IF POSSIBLE)

1. _____
2. _____
3. _____
4. _____

ANY COMPLICATIONS? _____

NON-CARDIAC HISTORY

DESCRIBE ANY OTHER MEDICAL CONDITIONS OR DIAGNOSES _____

PRIOR NON-CARDIAC PROCEDURES: (INCLUDE PHYSICIANS, LOCATIONS AND DATES IF POSSIBLE)

1. _____
2. _____
3. _____
4. _____

ANY COMPLICATIONS? _____

HABITS

SMOKING	_____ Never a smoker	_____ Previous smoker	_____ Current smoker/ Quantity? _____
ALCOHOL	_____ YES	_____ NO	DESCRIBE _____
EXERCISE	_____ YES	_____ NO	DESCRIBE _____
COFFEE	_____ YES	_____ NO	DESCRIBE _____
SPECIAL DIET	_____ YES	_____ NO	DESCRIBE _____

FAMILY HISTORY

FATHER: IF LIVING: AGE ___/ HEALTH ___ IF DECEASED: AGE ___/CAUSE OF DEATH ___
MOTHER: IF LIVING: AGE ___/ HEALTH ___ IF DECEASED: AGE ___/CAUSE OF DEATH ___
BROTHER(S): IF LIVING: AGE ___/ HEALTH ___ IF DECEASED: AGE ___/CAUSE OF DEATH ___
SISTER(S): IF LIVING: AGE ___/ HEALTH ___ IF DECEASED: AGE ___/CAUSE OF DEATH ___

REVIEW OF SYSTEMS

Constitutional: Recent Weight Gain ___ Yes ___ No ___ lbs. Recent Weight Loss ___ Yes ___ No ___ lbs.

Respiratory: Cough ___ Yes ___ No Sleep Apnea ___ Yes ___ No

Gastrointestinal: Abdominal Pain ___ Yes ___ No Constipation ___ Yes ___ No

Urinary: Painful Urination ___ Yes ___ No Increased Frequency ___ Yes ___ No

Musculoskeletal: Joint pain ___ Yes ___ No

Neurological: Headache ___ Yes ___ No Dizziness ___ Yes ___ No

Do your legs ever feel tired, causing you to stop and rest? ___ YES ___ NO

When you walk do you ever have to stop because you have pain or cramping in your calves or thighs? ___ YES ___ NO

Do you ever experience cramping, tightness, "Charlie Horses" or pain in the legs and feet when lying down that improves when you stand up? ___ YES ___ NO

Has anyone ever told you that you have poor circulation in your legs, intermittent claudication or peripheral arterial disease? ___ YES ___ NO

MEDICATIONS

DRUG	DOSAGE & FREQUENCY	DATE FIRST PRESCRIBED	PHYSICIAN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

DESCRIBE ANY 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: YES NO

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