

TEXAS CARDIOVASCULAR SPECIALISTS

New Patient Health Questionnaire

Date: ____/____/____

Patient: _____

Gender: M F

Date of Birth: ____/____/____

Age _____

Referring Doctor: _____

Please INDICATE all the reasons for your visits.

1. Chest pain at rest with exertion
2. Shortness of breath at rest with exertion
3. Palpitations/irregular heart rate
4. Racing heart
5. Swelling legs
6. Hypertension
7. Heart failure
8. Pre surgical evaluation
9. Establish new cardiologist

MEDICATIONS:

Please list all prescription and non-prescription medicines including vitamins and aspirin.

	NAME	DOSE/STRENGTH	FREQUENCY
Example	Lasix	40mg	2in am/1in pm
1.	_____	_____	_____/_____
2.	_____	_____	_____/_____
3.	_____	_____	_____/_____
4.	_____	_____	_____/_____
5.	_____	_____	_____/_____
6.	_____	_____	_____/_____
7.	_____	_____	_____/_____
8.	_____	_____	_____/_____
9.	_____	_____	_____/_____
10.	_____	_____	_____/_____
11.	_____	_____	_____/_____
12.	_____	_____	_____/_____

H4. DO YOU HAVE ANY ALLERGIES TO MEDICINES? NO (IF NO NEXT QUESTION) YES

Please list all medications to which you have an allergy or adverse response and list the reaction (e.g. penicillin-arm rash)

Medication	Reaction
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Are you allergic to iodine, shrimp or shellfish? NO YES

Have you received X-ray contrast (myelogram, IVP, CT scan)? NO YES

If yes did you have any reaction to the contrast? NO YES

H1. PRIOR HEART DISEASE AND TESTING? (PAST MEDICAL HISTORY) YES NO (Next Section)

TEXAS CARDIOVASCULAR SPECIALISTS

REVIEW OF SYSTEMS QUESTIONNAIRE

(Please Circle)

Cardiac: Chest Pain / Palpitations / Sensation of skipping, pounding, racing heart
Fainting or Near-Fainting / Leg swelling

Constitut: Unexplained weight gain / Weight loss / Weakness / Fatigue

EENT: Vision Changes / Blurred Vision
Hearing loss / Ringing in the ears / Nosebleed

Respiratory: Non-productive cough / Productive cough / Blood in sputum
Shortness of breath on exertion / Lying down / During sleep

Gastro: Appetite change / Nausea / Vomiting / Diarrhea / Constipation / Reflux
Blood in stool / Black tarry stool

Urology: Blood in urine / Frequent urination / Poor bladder control

Musculoskeletal: Back pain / Joint pain / Muscle pain or cramping / Difficulty walking

Integumentary: Change in hair or nails / Discoloration / Rash

Neurological: Confusion / Dizziness / Headache / Memory changes / Numbness

Psychiatric: Anxiety / Depression / Hallucinations

Endocrine: Heat/cold intolerance
Skin changes

Hematologic: Bleeding / Excessive bruising