

GOLDMAN AND MILLER CARDIOLOGY

HEALTH HISTORY.

NAME _____ DATE _____

ALLERGIES _____

PAST MEDICAL HISTORY. Circle if appropriate

CARDIOVASCULAR DISEASE: hypertension, angina, coronary artery disease, bypass surgery, angioplasty, stent, pacemaker, defibrillator, arrhythmia, atrial fibrillation, heart failure, cardiomyopathy, stroke, TIA, PAD, carotid surgery, abdominal aortic aneurysm, ablation, cardioversion, valve disease, heart murmur, valve replacement.

BLOOD DISORDERS: anemia, bleeding disorders, clotting disorders, previous transfusion.

EYE DISEASES: cataracts, glaucoma, blindness.

LUNG DISEASE: COPD, emphysema, chronic bronchitis, asthma, pulmonary hypertension, TB.

LIVER DISEASE: hepatitis, cirrhosis

THYROID DISEASE: hyperthyroid, hypothyroid

KIDNEY DISEASE: kidney stones, renal insufficiency, kidney failure, dialysis.

DIABETES: insulin, oral diabetic medication, kidney disease due to diabetes, eye disease due to diabetes.

BONE AND JOINT DISEASE: rheumatoid arthritis, lupus, degenerative joint disease (arthritis).

GASTROINTESTINAL DISEASE: ulcers, G.I. bleeding, Crohn's disease, AVMs, diverticulitis

CANCER HISTORY: _____

NEUROLOGIC DISEASE: history of stroke, TIA, Parkinson's, neuropathy, seizure disorder, psychiatric history.

OTHER: _____

PAST SURGICAL HISTORY please list prior operations/procedures

FAMILY HISTORY circle if appropriate.

Diabetes cardiovascular disease kidney disease hypertension cancer cholesterol aneurysm

SOCIAL HISTORY

Tobacco: ongoing tobacco use-amount, duration _____
prior smoking-amount, duration quit date _____
excessive environmental tobacco exposure _____

alcohol: do you drink regularly _____

exercise: do you exercise regularly _____

REVIEW OF SYSTEMS. Circle items that actively are affecting your health.

Constitutional symptoms: significant weight change, unusual fatigue or weakness, fevers, chills.

Eyes: change in vision, blurred or double vision, eye injury.

Ears./nose/mouth/throat: ringing in the ears, air drainage, sinus problems, nosebleeds, mouth sores, bleeding gums, difficulty swallowing, lumps or swollen glands in neck.

Cardiovascular: short of breath, chest pain, palpitations, swelling of the feet, loss of consciousness, fainting

Respiratory: chronic cough, shortness of breath, wheezing, coughing up blood.

Gastrointestinal: loss of appetite, change in bowel movements, nausea, vomiting, painful bowel movements, frequent diarrhea, rectal bleeding, blood in the stool, black or tarry stool, stomach/abdominal pains, heartburn.

Genitourinary: frequent urination, pain or burning on urination, blood in urine, change in force while urinating, urinary incontinence

Musculoskeletal: joint pain, joint swelling and stiffness, muscle weakness, muscle cramps, cold hands or feet

Skin: rashes, itching, change in color of moles.

Neurological: frequent headaches, lightheadedness, dizziness, convulsions, seizures, numbness or tingling, tremors, paralysis, stroke, head injury.

Psychiatric: memory loss, confusion, insomnia, depression, anxiety.

Endocrine: g will land/hormone problem, heat or cold intolerance, dry skin, excessive thirst, excessive urination.

Hematologic: slow to heal, bleeding, and bruising tendency, recurrent anemia, swelling, warmth and tenderness of the veins, history of phlebitis/blood clots

Comments: _____

patient's signature: _____

date: _____