



# Comprehensive Cardiovascular

Leading the fight against heart disease

5945 Truxtun Extension ■ Bakersfield, CA 93309

## NEW PATIENT CARDIAC HISTORY QUESTIONNAIRE

<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Referred by:</b>	<b>PCP:</b>	<b>Pharmacy:</b>
<b>Reason for visit:</b>	<b>Occupation:</b>	<b>Insurance:</b>
<b>Current Medications:</b> (Name, dose, Frequency)		
<b>ALLERGIES:</b> Iodine   Shellfish   Aspirin   Tape   Latex   Other		

### PAST CARDIAC HISTORY - ( Please circle if you have or ever had any of the following )

- Heart Attack
- Heart Failure
- Stroke
- Angiogram
- Atrial Fibrillation/Flutter
- Valve Disorder or Replacement
- Angioplasty/ STENT
- Irregular Heart Beat
- Aneurysms
- Bypass Surgery
- Pacemaker
- Peripheral Vascular Disease
- Cardiomyopathy

### RISK FACTORS:

- Tobacco/Smoking
- Diabetes
- High Blood Pressure
- High Cholesterol
- Alcohol/Drugs
- Family History

### PRIOR TESTING / PROCEDURES: (Dates, where done, results if known...)

Echocardiogram	EKG	Holter Monitor: (24 hr EKG)	Stress Test
Carotid Ultrasound	Lower Extremity Doppler:		Coronary CTA (CAT Scan)

### PAST MEDICAL HISTORY:

- Sleep Apnea
- Lung Disease
- GERD:Reflux/Indigestion
- Kidney Disease
- Cancer
- E.D.
- Thyroid Dysfunction
- Bleeding/Transfusions
- Anxiety
- Refused Blood Products

**Surgeries / Other?** \_\_\_\_\_