SOUTH ORANGE COUNTY CARDIOLOGY GROUP

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PATIENT NAME (PLEASE PRINT)

DO YOU NOW OR HAVE YOU EVER HAD (PLEASE CHECK ALL THAT APPLY):

- ☐ HIGH BLOOD PRESSURE
- ☐ HEART FAILURE
- ☐ DIABETES
- ☐ RHEUMATIC FEVER
- ☐ ENLARGED HEART
- ☐ ULCER DISEASE
- ☐ THYROID DISEASE
- ☐ HARDENING OF ARTERIES
- ☐ IRREGULAR HEART BEAT
- ☐ HEART ATTACK
- ☐ ANGINA
- ☐ GOUT
- ☐ TROUBLE WITH CHILDBIRTH
- ☐ TUMORS
- ☐ LUNG DISEASE
- ☐ ELEVATED CHOLESTEROL
- ☐ HEART MURMUR
- ☐ TUBERCULOSIS
- ☐ PNEUMONIA
- ☐ ANEMIA
- ☐ SEVERE INJURY
- ☐ KIDNEY DISEASE
- ☐ STROKE (CVA)

SURGERIES: DATE OR AGE:

1. _____ _____
2. _____ _____
3. _____ _____
4. APPENDECTOMY ☐ YES ☐ NO IF YES, WHEN? _____
5. TONSILLECTOMY ☐ YES ☐ NO IF YES, WHEN? _____

FAMILY HISTORY:

	PRESENT AGE	AGE AT DEATH	MEDICAL PROBLEMS OR CAUSE OF DEATH (ESPECIALLY IF HEART DISEASE)
1. MOTHER	_____	_____	_____
2. FATHER	_____	_____	_____

ANY OTHER BLOOD RELATIVES WITH DIABETES, HIGH BLOOD PRESSURE OR HEART DISEASE? _____

ALLERGIES TO MEDICATIONS:

1. _____ 2. _____ 3. _____

CURRENT MEDICATIONS AND DOSE:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

DO YOU OR DID YOU SMOKE? ☐ YES ☐ NO PACKS PER DAY_____ HOW MANY YEARS? _____
WHEN DID YOU QUIT? _____
ALCOHOL CONSUMPTION PER DAY: _____
CAFFEINE CONSUMPTION PER DAY: _____

OCCUPATION (OR RETIRED): _____

LEVEL OF STRESS: ☐ VERY HIGH ☐ HIGH ☐ MEDIUM ☐ LOW
SEXUAL ACTIVITY: ☐ SATISFACTORY ☐ UNSATISFACTORY