HeartPlace Las Colinas

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NEW PATIENT QUESTIONNAIRE

Patient Name: _____ Pharmacy: _____

Primary Care Physician: _____ Previous Cardiologist:_____

Have you been hospitalized in the past for any heart related problems? _____

If yes, then what hospital? _____

PAST MEDICAL HISTORY

❑ Yes	❑ No	Heart Disease		❑ Yes	❑ No	Gastrointestinal
❑ Yes	❑ No	Diabetes		❑ Yes	❑ No	Kidney Disease
❑ Yes	❑ No	High Cholesterol		❑ Yes	❑ No	Stroke, TIA
❑ Yes	❑ No	Hypertension (high blood pressure)		❑ Yes	❑ No	Bleeding disorder
❑ Yes	❑ No	Lung Disease		❑ Yes	❑ No	Liver Disease
❑ Yes	❑ No	Pacemaker/Defibrillator		❑ Yes	❑ No	Heart Attack

Other (please specify): _____

_____

PAST SURGERIES (including Cardiac Stents, CABG, Pacemaker/ Defibrillator) _____

_____

PRESENT MEDICATIONS (including dosage & frequency) Do you take Aspirin daily? _____

_____

_____

MEDICATION ALLERGIES (including iodine, latex, IV dye, & shellfish) _____

_____

FAMILY HISTORY OF CARDIAC DISEASE (please specify) _____

_____

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NEW PATIENT QUESTIONNAIRE

Marital Status:
- ❑ Single
- ❑ Married
- ❑ Divorced
- ❑ Separated
- ❑ Widowed
- ❑ Other_____

Tobacco Use:
- ❑ Never
- ❑ Current
  - _____ Months/Years
  - _____ Packs Per Day
- ❑ Stopped, _____ (Date)
- ❑ Social Smoker
- ❑ Chewing Tobacco
- ❑ Nicotine Dependent
  - ❑ Wish to stop
  - ❑ Attempted to stop

Exercise:
- ❑ None
- ❑ Walk
- ❑ Run
- ❑ Aerobic Other: _____

Alcohol Use:
- ❑ Never
- ❑ Current, _____ Months/Years
- ❑ Stopped, _____ (Date)
- ❑ Social Drinker
- ❑ Moderate Drinker