HeartPlace®
The Future Of Cardiology Is Here

A Professional Association managed by Cardiovascular Provider Resources

New Patient Health Questionnaire Today's Date: ____/_____/_____

Name: _____ D.O.B:_____ Gender: □M □ F

Primary Care Physician:_____ Preferred Pharmacy:_____

Please indicate reason(s) for your visit	Yes
Chest Pain	
Shortness of Breath	
Palpitations(heart racing, skipping)	
Abnormal EKG(heart rhythm)	
Dizziness/fainting	
High Blood Pressure	
Heart failure/swollen legs	
Abnormal heart testing	
Heart Murmur	
Pre-surgical evaluation	
Establish new cardiologist	
Cardiac Evaluation	

Risk Factors for Heart Disease	Yes
High Cholesterol	
High Blood pressure	
Diabetes	
Tobacco use	
Overweight	
Family History of Heart Disease	
Sedentary life style	
Diet	

Past Medical History	Yes
Diabetes	
High Blood Pressure	
High Cholesterol	
Heart Attack	
Congestive Heart Failure	
Irregular Heart Rhythm	
Emphysema	
Asthma	
Obstructive Sleep Apnea	
Stroke	
Seizures	
Gastric Reflux Disease	
Liver/ Gall Bladder	
Pancreas	
Kidney Disease	
Thyroid	
Cancer	
Anemia	
Blood Clot in Leg	
Blood Clot in Lung	
Arthritis	
Gout	
Seasonal Allergies	

Past Surgical History/ Testing	Yes	MM/YY
Heart Bypass Surgery		
Heart valve repair/replaced		
Abdominal Aortic Aneurysm repair		
Heart Cath(Angiogram)		
Leg Angioplasty/Stent		
Defibrillator(AICD)		
Angioplasty		
EP Study/ Ablation		
Pacemaker		
Stress Test		
Nuclear Stress Test		
CT Scan		
Echocardiogram/ Ultrasound		
Carotid Ultrasound		
24 Holter Monitor		
30-day Event Monitor		
MRI		
Calcium Score(EBCT)		
Cholesterol Tests		
TC: HDL: LDL: TG:		
Please List other surgeries/testing:		

DIAGNOSTIC AND INTERVENTIONAL CARDIOLOGY

4375 Booth Calloway, Suite 400 North Richland Hills, TX. 76180 (817)284-3915 Fax (817)590-2593

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Medication Allergies	Reactions

****Please make sure to bring all medications to your appointment in their original bottles including as well any vitamins or supplements****

Social History
Marital Status: ☐Married ☐Separated ☐ Divorced ☐Widowed ☐Single
Exercise: ☐Daily ☐1-3 times/week ☐4-6 times/week ☐No regular exercise ☐Other
Tobacco (cigs, cigars, dips, snuff) Use: ☐Yes, Pack per day___ ☐NO ☐Quit, Year____
Alcohol: ☐No ☐Social ☐Wine daily ☐ Weekends only ☐Frequent ☐Other
Illegal Drug Use: ☐Yes ☐No ☐Use previously
Weight Loss Drugs(Phen-Fen): ☐Yes ☐No

	Living	Age	Heart Attack/Bypass/Angioplasty/Stroke			Cholesterol/ Diabetes/ High Blood Pressure			Sudden Death
Father	□Y □N		Before age 55	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes
Mother	□Y □N		Before age 65	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes
Brother	□Y □N		Before age 55	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes
Sister	□Y □N		Before age 65	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes
Son	□Y □N		Before age 55	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes
Daughter	□Y □N		Before age 65	□Heart attack □Angioplasty	□Bypass □Stroke	□Chol	□Diabetes	□HBP	□Yes

Patient Signature_____ Reviewed By:_____

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