VITALS: Weight: _____ Height: _____ HR: _____ RR: _____ BP:_____ SpO2: _____
Temp: _____

ELKO CARDIOLOGY ASSOCIATES

New Patient Visit

Patient name: _____

Today's date: _____Age: _____ Referring Provider: _____

Major reason for visiting this office: _____

Do you have any of the following problems? (Please circle the ones that apply):

High blood pressure High cholesterol Heart murmur Fast or irregular heart beat

Leg cramps with walking Passing out spells Diabetes Lightheadedness or dizziness Chest pain

Swelling in feet or legs

Have you had any of the following procedures? (Please circle the ones that apply and indicate about when they were done):

Stress test Echo Heart Cath Stent or angioplasty Bypass surgery Valve surgery

Other heart surgery Pacemaker or defibrillator implant Electrical rhythm study

PAST MEDICAL/SURGICAL HISTORY

1. Did you have rheumatic fever as a child?
2. What heart problems have you been told that you have?

   _____ _____

   _____ _____

   What other health problems have you been told that you have?

   _____ _____

   _____ _____

3. What surgeries or operations have you had?

   _____ _____

   _____ _____

4. FAMILY HISTORY

   Have anyone in your family had:

   - Heart attack Yes No Relationship to you:
   - Stroke Yes No Relationship to you:
   - Hypertension Yes No Relationship to you:
   - Hole in heart Yes No Relationship to you:
   - How many children do you have? Do any of them have health problems?

5. SOCIAL HISTORY

- Do you smoke? How many packs/day? How many years have you/did you smoke?
- Do you drink alcohol? How many drinks/beers a day?
- Do you drink any caffeine-containing beverages?
- Do you exercise? What kind of exercise? How many times/week?
- What do you do/did you do for a living?

7. ALLERGIES/DRUG SENSITIVITIES/SIDE EFFECTS
Do you have any allergies or any side effects with any medicines that we should know about?

Symptom Review

Please circle any symptoms that you have been having…

GENERAL: fever, chills, night sweats , unexpected changes in weight unusual fatigue, insomnia, chronic pain, feeling poorly

HEENT: double vision, blurred vision, eye pain or redness, blind spots, ringing in the ears, dizziness (feeling as if things are spinning or moving up and down), nasal congestion, bloody nose, gum bleeding, mouth ulcers or growths, sore throat, hoarseness, neck stiffness, neck pain or tenderness

RESP: cough, coughing up blood, shortness of breath, chest pain which occurs with breathing or coughing, wheezing, snoring at night, daytime sleepiness, need for oxygen

CARDIOVASCULAR: exertional chest pain or pressure, other symptoms with exertion that are relieved with rest or nitroglycerin, racing heart, irregular heart beat, palpitations, inability to breath when lying flat, awakening at night needing to sit up, awakening at night coughing or wheezing, swelling

GI: belly pain, nausea, vomiting, appetite changes, diarrhea, constipation, heartburn, blood in stool, difficulty swallowing, frequent belching, frequent passing gas, indigestion

GU: discomfort when urinating, bloody urine, having to get up from sleep to urinate, having to urinate more frequently during the daytime, difficulty starting urination, genital sores or discharge

MUSCULOSKELETAL: joint stiffness or swelling, joint pain or redness, muscle pain, back pain, limited joint range of motion

SKIN: skin rashes, itching skin, lumps, pigmentation changes, changes in skin dryness, changes in skin dampness

NEURO: fainting, near fainting, blackouts, seizures, weakness, numbness, tingling, altered sensation, tremor, speech difficulties, changes in thinking ability, abnormal vision, hearing loss, difficulty walking, headache, memory problems, balance problems

PSYCH: depression, anxiety, panic attacks, memory disturbances, personality changes, hallucinations, anger, thoughts of harming oneself, use of recreational drugs.

EXTS: pain or cramps in legs when walking, varicose veins, changes in color of legs when elevated or lowered
HEM/IMMUNE: increased paleness of nailbeds, easy bruising or bleeding, enlarged lymph nodes, frequent infections
ENDO: increased thirst, increased hunger, heat or cold intolerance, tremors, loss of bone mass, recent changes in shoe or glove size

Are there any other things we should know about?