



Health History Questionnaire

PATIENT NAME: _____ **DOB:** _____

REASON FOR VISIT: _____

PLEASE LIST ALL PROVIDERS THAT ARE PART OF YOUR ACTIVE CARE TEAM

Primary Care: _____

Cardiologist: _____

Other Provider: _____ **Speciality:** _____

Other Provider: _____ **Speciality:** _____

Other Provider: _____ **Speciality:** _____

Do you give authorization for record sharing? Yes No

Local Pharmacy: _____ **Phone#** _____

Address: _____

90 Day Mail Order Pharmacy: _____

RX MEMBER ID: _____

LIST ALL MEDICATIONS

If you need additional space, please attach a separate sheet of paper

Medication	Dose	Times Per Day	Prescriber

LIST ALL ALLERGIES & REACTION

_____	_____
_____	_____
_____	_____

VACCINES

_____	_____
_____	_____
_____	_____
_____	_____

ALL PAST SURGICAL HISTORY

- ABLATIONS _____
- PACEMAKER _____
- DEFIBRILLATOR _____
- IMPLANTABLE LOOP RECORDER _____
- STENTS (CORONARY OR PERIPHERAL)
- CORONARY ARTERY BYPASS GRAFTS
- IVC FILTERS (BLOOD CLOTS)
- CAROTID ENDARTERECTOMY
- VALVE REPAIR (MITRAL/AORTIC/MECHANICAL)
- _____
- _____
- _____
- _____

FAMILY MEDICAL HISTORY
 UNKNOWN DUE TO ADOPTION

	MOM	DAD	BROTHER	SISTER	SON	DAUGHTER	MGM	MGF	PGM	PGF
AFIB										
STROKE/TIA										
HEART DISEASE										
HIGH BLOOD PRESSURE										
HIGH CHOLESTEROL										
CONGESTIVE HEART FAILURE										
GENETIC DISORDER										
AUTONOMIC DYSFUNCTION/ VASOVAGAL										
AUTO IMMUNE DISORDER										
ALCOHOLISM/ DRUG ABUSE										

PERSONAL MEDICAL HISTORY CURRENT AND/OR PAST

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ADD/ADHD			EDEMA/SWELLING		
AIDS/HIV			GI PROBLEMS		
ACID REFLUX/(GERD)			HEADACHES/MIGRAINES		
ANEMIA			HEARING LOSS		
ANESTHESIA COMPLICATIONS			HEART ATTACK (MI)		
ANXIETY DISORDER			HEART PROBLEMS		
AORTIC ANEURYSM			HIGH CHOLESTEROL		
ARRHYTHMIA			HIGH BLOOD PRESSURE		
ARTHRITIS			IMPLANTABLE HEART DEVICE		
ATRIAL FIBRILLATION			KIDNEY DISEASE		
ATRIAL FLUTTER			LIVER DISEASE		
BLOOD CLOTS/DVT/PE			LUNG DISEASE/ASTHMA/COPD		
BLOOD/BLEEDING DISORDER			PARKINSON'S DISEASE		
CANCER			PERIPHERAL ARTERIAL/VASCULAR DISEASE		
CARDIOMYOPATHY			POTS		
CAROTID DISEASE			SEIZURES/EPILEPSY		
CONGENITAL HEART DISEASE			SLEEP APNEA		
CONGESTIVE HEART FAILURE			STROKE/TIA		
CORONARY ARTERY DISEASE			PASSING OUT/NEAR PASSING OUT		
DEPRESSION			THYROID PROBLEMS		
DIABETES			VALVULAR ABNORMALITIES/ HEART VALVE DISEASE		
DIZZINESS/LIGHTHEADED			ALCOHOLISM/DRUG ABUSE		