Capital Cardiology Associates

CARING FROM THE HEART | A BENCHMARK CARDIOLOGY PRACTICE℠

MEDICAL HISTORY

(FILL OUT FRONT AND BACK)

Name_____ Date_____ DOB_____ Age_____

*For Med Assistant Entry: Height*_____ *Weight*_____ *BP*_____ *HR*_____

Primary Care Physician_____ Referring Physician_____

HISTORY OF PRESENT ILLNESS

Reason for Visit:

How did this come about, explain as much as needed:

CARDIAC RISK FACTORS

Risk Factor	Self	Family	Risk Factor	Self	Family
Smoking			High Blood Pressure		
Heart Disease			Sedentary Life Style		
Diabetes			Alcohol/Substance Abuse		
High Cholesterol			Previous Heart Attack		

MEDICAL HISTORY

Other Medical History/Problems:

Hospital/Surgery	Reason	Date

SOCIAL HISTORY

Marital Status: ☐ S ☐ M ☐ D ☐ W Other_____ # of Children:_____

What is your occupation?

Alcohol/Recreational Drugs?

How Many?_____ per_____

Daily Exercise: ☐ Yes ☐ No

What kind of exercise?_____

Smoking: ☐ Cigarettes ☐ Cigars ☐ Chew ☐ E-Cig

How Many?_____ per_____

☐ Former Smoker When did you quit?_____

How Many?_____ per_____

☐ Occasional Smoker ☐ Never Smoker

Are you under a lot of stress? ☐ Yes ☐ No

Explain:_____

COMPLETE OTHER SIDE ➡

FAMILY HISTORY

	Living?	Age	If deceased, Cause of Death
Father	☐ Yes ☐ No	____	_____
Mother	☐ Yes ☐ No	____	_____

How many siblings do you have?_____

How many are living?_____

List anyone in your immediate family who has a heart condition, including heart/stroke illness, and heart attacks, stents, or bypass surgery.

_____

_____

_____

MEDICATIONS

Drug	Dosage	# taken/day	Ordering MD

ALLERGIES TO MEDICATIONS AND OTHER SUBSTANCES

Allergy	What kind of reaction did you get?

REVIEW OF SYSTEMS

Please Check All That Apply:

CARDIAC: (See History)

RESPIRATORY:	☐ Wheezing	☐ Cough	☐ Sputum Production		☐ No Problems
CONSTITUTIONAL:	☐ Fever	☐ Chills	☐ Night Sweats	☐ Significant changes in weight	☐ No Problems
EYES:	☐ Blurry Vision	☐ Double Vision			☐ No Problems
GI:	☐ Abdominal Pain	☐ Nausea/Vomiting	☐ Diarrhea		☐ No Problems
GENITOURINARY:	☐ Burning	☐ Urinary Retention	☐ Frequent Urinary Tract Infections		☐ No Problems
MUSCULOSKELETAL:	☐ Aches	☐ Pains	☐ Joint Swelling		☐ No Problems
ENDOCRINE:	☐ Heat/Cold Intolerance	☐ Unexplained Thirst	☐ Increased Urination		☐ No Problems
NEUROLOGICAL:	☐ Seizures	☐ Paralysis	☐ Significant Headaches		☐ No Problems
SKIN:	☐ Rash	☐ Itching	☐ New Skin Lesions		☐ No Problems