**NEW Patient History Form**

**Name: ______________________________________ DOB: ______________________**

**Referring Doctor: _______________________Primary Care Doctor______________**

**Symptoms/Complaints: ___________________________________________________**

**_________________________________________________________________________**

**Past History – X all that apply**
**( ) High Blood Pressure ( ) Diabetes ( ) High Cholesterol ________ Last Check**
**( ) Blood Clots Lungs/Legs ( ) CVA/TIA ( ) Heart Attack**
**( ) Heart Rhythm Disturbance ( ) Heart Murmur**
**( ) Other medical problems (please list)**

**Previous Cardiac Testing- X all that apply**
**( ) Cardiac Catheterization ( )PTCA/Stent( ) Stress Test**
**( ) CTA of Coronaries ( ) Echo ( ) Calcium Score**

**Surgical Procedures- X all that apply**
**( ) CABG/date__________ ( ) Heart Valve/date ( ) Pacemaker/Date_________**
**( ) Other Surgeries (please list)**
**_______________________________________________________________________**

**Current Tobacco: ( ) No ( ) Yes ______ cigarettes per day? _____ #years smoked**
**Previous Tobacco: ( ) Quit smoking/Chewing ________what year? ____________**
**Alcohol: ( ) No ( ) Yes ( ) Socially ( ) Quit ______ How much per day?___________**
**Caffeine Intake: ( ) No ( ) Yes _________ Exercise: ( ) No ( ) Yes ( ) Type:**

**Occupation: ___________________________________________________________**
**Family History: Heart Disease ( ) Diabetes( ) Hypertension ( ) Cancer ( )**
**(Other-please list) _______________________________________________________**
**_______________________________________________________________________**
**Medications: Name/Dosage/How Often Taken (Please provide a list!)**
**_______________________________________________________________________**

**_______________________________________________________________________**

**_______________________________________________________________________**

**Allergies: ______________________________ Contrast Dye Allergy ( ) No ( ) Yes**

**How did you hear about us?**
**Do we need to obtain records or tests for your visit today?**