TEXAS CARDIOLOGY ASSOCIATES

INITIAL PATIENT QUESTIONNAIRE

NAME: _____ Date: _____

Date of Birth: _____ Age: _____

Primary Care Physician: _____

Other Physicians you see regularly: _____

_____

CHRONIC AND PAST MEDICAL HISTORY

Yes	No	
☐	☐	Heart failure? _____
☐	☐	Past heart attack? When and where? _____
☐	☐	Past coronary angiogram? When and where? _____
☐	☐	Past stress test? When and where? _____
☐	☐	Past echocardiogram or sonogram of heart? When and where? _____
☐	☐	Past stroke? When and where? Residual weakness? _____
☐	☐	Blocked arteries in the legs or peripheral vascular disease? _____
☐	☐	Diabetes? What year was this diagnosed? _____
☐	☐	Hypertension or high blood pressure? What year was this diagnosed? _____
☐	☐	High cholesterol?
☐	☐	Do you currently smoke? If yes, how many packs per day? Started? _____
☐	☐	Are you a former smoker? If yes, what year did you start? / Quit? _____
☐	☐	Obstructive sleep apnea? Sleep with CPAP? _____
☐	☐	Lung disease? What? _____
☐	☐	Liver disease? What? _____
☐	☐	Kidney disease? What? _____
☐	☐	Thyroid disease? What? _____
☐	☐	Bleeding disorder? What? _____
☐	☐	Cancer? What? _____
☐	☐	Other chronic illness? What? _____
☐	☐	Drug Allergies? What drug and what reaction? _____

275 West Campbell Road, Suite 120 · Richardson, Texas 75080
214-393-6877 Phone · 214-393-6879 Fax

TEXAS CARDIOLOGY ASSOCIATES

INITIAL PATIENT QUESTIONNAIRE

SURGERIES

What surgery? When and where?

_____ _____

_____ _____

SOCIAL HISTORY

How much alcohol do you drink? _____

Do you use illicit drugs? _____

Who lives with you at home? _____

Are you retired? _____

What is your current or previous occupation? _____

FAMILY HISTORY

Any first degree relatives with heart attack? _____ If yes, who and at what age? _____

Any relative died suddenly of an unknown cause? _____

Any relative with history of abdominal aortic aneurysm? _____

REVIEW OF SYSTEMS (Active problems)

Yes	No		Yes	No	
☐	☐	Fever	☐	☐	Painful urination
☐	☐	Unintentional weight loss	☐	☐	Stroke symptoms
☐	☐	Weight gain	☐	☐	One-sided numbness
☐	☐	New headache	☐	☐	One-sided weakness
☐	☐	New vision changes	☐	☐	Slurred speech
☐	☐	Nose bleeding	☐	☐	Muscle pain
☐	☐	Coughing	☐	☐	Bone pain
☐	☐	Bloody cough	☐	☐	Joint pain
☐	☐	Wheezing	☐	☐	New skin lesions
☐	☐	Abdominal pain	☐	☐	Anemia
☐	☐	Black stools	☐	☐	Hormonal problems
☐	☐	Bloody stools	☐	☐	Anxiety
☐	☐	Frequent urination	☐	☐	Depression

275 West Campbell Road, Suite 120 · Richardson, Texas 75080
214-393-6877 Phone · 214-393-6879 Fax