



Pinehurst Medical Clinic

Name _____ Date _____

DOB _____ Occupation _____

Family Doctor _____

I consider myself to be in (excellent/good/average or fair/poor) health.

I feel good (all/most/some/little/none) of the time.

Illnesses/Problems/Symptoms – Please mark yes/no/or question.

	Y	N	?		Y	N	?	
High Blood Pressure					Stroke or “mini” stroke (TIA)			
High cholesterol					Arthritis			
Diabetes or high blood sugar					Lung or breathing problems			
Do you smoke?					Coughing or wheezing			
Family history of heart attack					Heartburn or acid reflux			
Had heart attack					Ulcers or indigestion			
Hospitalized due to heart					Internal bleeding			
Chest pain or discomfort					Liver or hepatitis			
Heart failure					Thyroid			
Shortness of breath					Kidney or bladder or prostate			
Heart murmur					Frequent/night urination			
Leg swelling					Cancer or tumors			
Rheumatic fever					Weight loss or gain			
Palpitations or skipped beats					Fever			
Irregular heart rhythm					Depression or anxiety			
Fainting/blackouts or seizures					Memory problems			
Vascular problems/blockages					Blood transfusion			

Major Surgeries/Operations: _____

OB/Gyn: LMP: _____ Post menopausal Y/N _____ Pregnancies _____ # Live Births _____

Cardiac complications during _____

Are you scheduled for surgery? If so when _____

Smoking history: _____ packs/day If quit, when _____

Alcohol: Do you drink? _____ # beer/glasses of wine/drinks per _____ day/week/month

When was your last drink? _____ Are you an alcoholic? Yes No

Allergies to medication _____

Allergic to x-ray dye/contrast? Yes No

Allergies to seafood, shellfish or iodine? Yes No

Highest Level of education _____

Information to be recorded by nurse;

MI:

Caths:

PCI/Stents/Radiation:

Heart Surgery:

Stress tests (ETT/AST/CST etc.):

Echo

Holter/KOH

EP Study

Surgery to be schedules/surgical clearance: