UNC PHYSICIANS NETWORK
UNC HEALTH CARE

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: