



Cardiology History Questionnaire

Name _____ Date of Birth _____

Primary Care Doctor: _____ Pharmacy/Location: _____

Are you adopted, or have no knowledge of your parents' health history? (Y / N)

****Please only check conditions that apply****

Disease/Condition	Self	Mother	Father	Brother	Sister	Grandparent (M/F)
Abnormal EKG						
Atrial Fibrillation						
Irregular Heart Beat						
Arrhythmia						
Pacemaker						
Defibrillator						
Cardiomyopathy						
Enlarged Heart						
Congestive Heart Failure						
Sudden Cardiac Death (including age)						
Angina						
Coronary Artery Disease						
Cardiac Catheterization						
Coronary Bypass						
Stent Placement						
Heart attack (including age)						
Heart Murmur						
Heart Valve Disease						
Aneurysm (Aorta)						

Please see reverse side



Disease/Condition	Self	Mother	Father	Brother	Sister	Grandparent (M/F)
High Blood Pressure						
High Cholesterol						
Sleep Apnea						
Stroke						
TIA						
Diabetes						
Kidney Disorder						
Liver Disorder						
Pulmonary Embolism						
Cancer						
Dementia						
COPD						
Emphysema						
Aneurysm (Brain)						

Any other diseases that run in your family not mentioned above? Yes [] No []
If Yes, please explain: _____

Have you had any of these symptoms in the past 2 weeks:

- [] Chest Pain [] Shortness of Breath [] Difficulty Breathing
 [] Jaw Pain [] Swelling of Extremities [] Left Sided Pain

Allergies to Medications:

Please list your Current Medication Names, Milligrams and Dosage Instructions:



Alcohol Usage: Current Past Never
How often? _____ Type Consumed? _____

Tobacco Usage: Current Past Never
Type used? _____ How much per day? _____ Years Used? _____

Substance Usage: Current Past Never
Types of Substances Used? _____ How long ago? _____

Employment: Employed Retired Unemployed
Type of work you perform? _____

Marital Status Single Married Widowed
 Divorced Life Partner Seperated

Exercise/Activity Never Occasional Daily
Please Describe what Kind: _____

Please Note anything you would like the physician to be aware of:

