SOUTHEAST CARDIOLOGY
Caring for the heart, from the heart

NEW PATIENT INTAKE FORM

Welcome to Southeast Cardiology. Please help us by answering the following questions.

Name: _____ DOB: _____

Main reason for today's office visit: _____

_____

Do you have a history of heart problems of heart disease?

☐ Heart attack ☐ Stents in heart ☐ Bypass surgery ☐ Congestive heart failure

_____

_____

Are there any family members heart problems or heart disease?

☐ No ☐ Yes ☐ Father _____ ☐ Mother _____ ☐ Brother _____ ☐ Sister _____ ☐ Other _____

What other medical problems do you have?

☐ Father ☐ Father ☐ _____ ☐ _____

☐ Mother ☐ Mother ☐ _____ ☐ _____

Do you smoke? ☐ No ☐ Quit in _____ ☐ Yes, About _____ Cigarettes per day ☐ Other Tobacco _____

Do you drink alcohol? ☐ No ☐ Yes, Describe: _____

Do you have any of the following problems or symptoms ☐ *All systems normal*

Constitutional
- ☐ Chills
- ☐ Fatigue
- ☐ Fever
- ☐ Weight gain
- ☐ Weight loss

Head
- ☐ Dizziness
- ☐ Fainting
- ☐ Headaches

Eyes
- ☐ Blurred vision
- ☐ Double vision
- ☐ Loss of vision

Skin
- ☐ Easy bruising
- ☐ Rashes

Cardiovascular
- ☐ Chest pain or discomfort
- ☐ Shortness of breath with activity
- ☐ Palpitation
- ☐ Heart murmur
- ☐ Leg pain when walking
- ☐ History of rheumatic fever
- ☐ Difficulty breathing lying down
- ☐ Waking up with shortness of breath
- ☐ Swelling of legs

Respiratory
- ☐ Cough
- ☐ Wheezing
- ☐ Coughing up blood
- ☐ Shortness of breath
- ☐ Sputum

Gastrointestinal
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Diarrhea
- ☐ Black stool
- ☐ Vomiting
- ☐ Vomiting blood
- ☐ Rectal bleeding

Neurological
- ☐ Weakness
- ☐ Numbness
- ☐ Paralysis
- ☐ Stroke
- ☐ Tingling
- ☐ Unsteady gait
- ☐ Seizures

Reproductive (Females)
- ☐ Pregnancy
- ☐ Birth Control

Musculoskeletal
- ☐ Arthritis
- ☐ Back problems
- ☐ Memory loss

Psychiatric
- ☐ Anxiety
- ☐ Depression

Endocrine
- ☐ Diabetes
- ☐ Thyroid Problems

Hematologic
- ☐ Anemia
- ☐ Blood clots

Urinary
- ☐ Blood in urine
- ☐ Kidney stones