



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 or 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?

- Diabetes Stroke/TIA _____
 High Blood Pressure High Cholesterol _____

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

Do you drink any alcohol? No Yes; describe: _____

Do you have any of the following problems or symptoms?

All systems are normal

Constitutional

- Chills
 Fatigue
 Fever
 Weight gain
 Weight loss

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

Gastrointestinal

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

Musculoskeletal

- Arthritis
 Back problems
 Memory loss

Head

- Dizziness
 Fainting
 Headaches

Neurological

- Weakness
 Numbness
 Paralysis
 Stroke
 Tingling
 Unsteady gait
 Seizures

Psychiatric

- Anxiety
 Depression

Eyes

- Blurred vision
 Double vision
 Loss of vision

Endocrine

- Diabetes
 Thyroid problems

Skin

- Easy bruising
 Rashes

Respiratory

- Cough
 Wheezing
 Coughing up blood
 Shortness of breath
 Sputum

Hematologic

- Anemia
 Blood clots

Reproductive (Females)

- Pregnancy
 Birth control

Urinary

- Blood in urine
 Kidney stones