Date:_____

Division of Cardiothoracic Surgery

Patient Name_____Age_____

Which surgeon are you here to see?_____

Referring Cardiologist_____

Reason for Visit_____ Height_____Weight_____

Allergies_____

Please list all Current Medications/Vitamins/Supplements AND daily dose*:

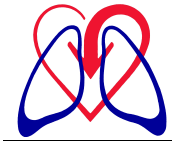
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Continue on the back of this page if you need more room*

Tobacco and Alcohol Use	
Use of tobacco/cigarettes? ☐ No ☐ Yes ☐ Current *# of years* _____*#Packs/day* _____ ☐ Former *Year quit?*_____*#Packs/day* _____	Use of alcohol or illegal drugs? ☐ No ☐ Yes ☐ Never or Drug type_____ How many drinks per week_____

General Medical/Surgical History		
Have you ever had surgery of any kind? ☐ No ☐ Yes (describe and give year)		
Have you ever had vein stripping? ☐ No ☐ Yes (describe and give year)		
Please answer whether you have/had:		**If yes, please describe**
Cancer	☐ Yes ☐ No	
Easy Bruising?	☐ Yes ☐ No	
Previous blood transfusion?	☐ Yes ☐ No	
Frequent urination	☐ Yes ☐ No	
Difficulty urinating	☐ Yes ☐ No	
Thyroid disease	☐ Yes ☐ No	

Name:_____



Division of Cardiothoracic Surgery

Kidney disease	☐ Yes ☐ No	
Liver disease/Hepatitis	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	Date of onsent_____ Insulin? ☐ Yes ☐ No
Stroke	☐ Yes ☐ No	
Asthma/Lung disease	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	
CARDIAC HISTORY		
Heart Murmur	☐ Yes ☐ No	
Endocarditis	☐ Yes ☐ No	
Rheumatic Fever	☐ Yes ☐ No	
Irregular Heart Rhythm	☐ Yes ☐ No	
High Blood Pressure	☐ Yes ☐ No	
HIgh Cholesterol	☐ Yes ☐ No	
Heart Attack	☐ Yes ☐ No	
Congestive Heart Failure	☐ Yes ☐ No	
Abnormal EKG	☐ Yes ☐ No	
Ankle Swelling	☐ Yes ☐ No	
Chest Pain	☐ Yes ☐ No	
Shortness of Breath	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	

		Heart Disease?	**Age**	**Cause of death if deceased**
Mother	Alive ☐ Yes ☐ No	☐ Yes ☐ No		
Father	Alive ☐ Yes ☐ No	☐ Yes ☐ No		
Brother	Alive ☐ Yes ☐ No	☐ Yes ☐ No		
Sister	Alive ☐ Yes ☐ No	☐ Yes ☐ No		

Cardiac Procedures		
Test	**When**	**Where**
Echocardiogram		
Stress Test		
Cardiac Catheterization		
Stent		
Pacemaker		Make/Model:
Defibrillator		Settings:

THANK YOU!