



CARDIOLOGY PATIENT QUESTIONNAIRE

Name: _____ Date: _____

Reason for seeing a cardiologist: _____

Have you had any of the following symptoms: (x)

- Chest discomfort
- Shortness of breath with walking
- Lightheadedness or blackout spells
- Frequent palpitations or irregular pulse
- Leg cramping while walking

Have you had any of the following problems: (x)

- Heart attack
- Heart murmur
- Congestive heart failure
- Blockage in any neck or leg arteries
- Aneurysms
- Heart valve problems (leaking, blocked, infected)

Have you had any of the following procedures (if so, when?): (x)

- Stress test (chemical or treadmill or nuclear) _____
- Echocardiogram _____
- Heart catheterization _____
- Coronary angioplasty or stenting _____
- Coronary bypass grafting _____
- Pacemaker implanted _____
- Defibrillator implanted _____
- Electrical ablation _____
- Bypass of aorta or leg arteries _____

Chronic Illnesses: (x)

- High blood pressure
- High Cholesterol
- Diabetes
- Other: _____

List any prior surgeries:

Social History (circle)

- Smoker: presently (yes/no) if quit, when? _____
- Marital Status: single married divorced widowed
- Occupation: _____ Retired: yes/no
- Regular exercise: yes/no
- Alcohol use: (none small moderate heavy)
- Caffeine use: (none small moderate heavy)

Family History (x) if so, who?

- Heart Disease _____
- High Blood Pressure _____
- Diabetes _____
- Strokes _____

Review of Systems: (mark with an X if any apply to you)

GENERAL

- Lack of energy, easily fatigued
- Frequent fevers
- Weight loss
- Appetite change

SKIN

- Skin rashes or hives
- Frequent itching

EYES

- Vision changes

EARS, NOSE, THROAT

- Ringing in the ears
- Hearing problems
- Chronic sinus problems
- Frequent nose bleeds

RESPIRATORY

- Cough
- Wheezing
- Short of breath all the time

GASTROINTESTINAL

- Frequent diarrhea
- Frequent constipation
- Acid reflux
- Indigestion
- Frequent nausea or vomiting
- Blood in stools or vomiting blood

URINARY

- Painful urination
- Blood in urine
- Difficult urination
- Urinary incontinence

MUSCULOSKELETAL

- Painful or swollen joints
- Chronic back pain

NEUROLOGICAL

- Frequent headaches
- Seizures
- Numbness or tingling, if so where? _____

PSYCH

- Chronic depression
- Chronic anxiety

ENDOCRINE

- Constant thirst
- Frequent urination

HEME/LYMPH

- Easy bruising
- Swollen glands

