



PROVIDING HIGH QUALITY STATE-OF-THE-ART CARDIOLOGY SERVICES

p 303.789.1400 | f 303.789.1401

101 B West Hampden Avenue – Englewood, CO 80110

Patient Name: _____

Date: _____

Reason for Visit: _____

Major Symptoms: _____

Do you have or are being treated for: (please circle)

High Blood Pressure	Yes No	Diabetes	Yes No
High Cholesterol	Yes No	High Triglycerides	Yes No
Bleeding/Clotting Problems			Yes No
Family History of Heart Attacks (before the age of 60) (includes HTN, MI, Pulmonary, Lipids, CVA, Diabetes)			Yes No

Do you currently smoke?	Yes No	How many per day?/Years _____
Have you ever been a smoker?	Yes No	How many per day? /Years _____
Do you drink alcohol?	Yes No	How much?/How Often? _____

Previous Heart Problems:

Heart Attack	Yes No	When? _____
Valve Problems	Yes No	Which?/When? _____
Abnormal Heart Rhythm/Palpitations	Yes No	What?/When? _____
Heart Surgery	Yes No	What?/When? _____
Stroke/TIA	Yes No	When? _____
Other: _____		When? _____

Previous Tests:

EKG	Where? _____	When? _____
Stress Test (Treadmill)	Where? _____	When? _____
Echocardiogram (Ultrasound)	Where? _____	When? _____
Cardiac Catheterization	Where? _____	When? _____
Carotid Ultrasound	Where? _____	When? _____

Have you ever seen another Cardiologist? Yes No Name: _____
 Location: _____

Do you have or are being treated for? (Circle)

- | | | | |
|------------------|-----------------------|----------------|------------------|
| FATIGUE | DIFFICULTY SWALLOWING | BLOOD IN URINE | CHEST PAIN |
| CHILLS | CHANGE IN VOICE | ARTHRITIS | SWELLING IN LEGS |
| MUSCLE ACHES | SHORTNESS OF BREATH | OSTEOPOROSIS | RASH |
| NIGHT SWEATS | COUGH | DEPRESSION | SINUS PROBLEMS |
| WEIGHT LOSS/GAIN | WHEEZING | ANXIETY | BLOOD CLOTS |
| HEADACHES | ASTHMA | MEMORY LOSS | THYROID DISEASE |
| CHANGE IN VISION | PNEUMONIA | WEAKNESS | PALPITATIONS |
| DOUBLE VISION | HEARTBURN | NUMBNESS | SLEEP APNEA |
| HEARING LOSS | NAUSEA/VOMITTING | TINGLING | JAW PAIN |
| RINGING IN EARS | DIFFICULTY URINATING | SEIZURES | SHOULDER PAIN |
| DIZZINESS | IRREGULAR HEARTBEATS | KIDNEY DISEASE | |
| VERTIGO | HEPATITIS | CANCER | |

Please be sure to indicate any symptoms that are the reason for your visit