PACIFIC COAST
CARDIOLOGY
& RESEARCH

Health History

Patient Name _____ **Date** _____

Do You Now or Have You Ever Had (Please Check All That Apply):

- ❑ Heart Attack
- ❑ Heart Failure
- ❑ Angina
- ❑ Heart Murmur
- ❑ Irregular Heart Beat
- ❑ Stroke (CVA)
- ❑ Enlarged Heart
- ❑ Hardening of Arteries
- ❑ Elevated Cholesterol
- ❑ High Blood Pressure
- ❑ Diabetes
- ❑ Gout
- ❑ Kidney Disease
- ❑ Sleep Apnea
- ❑ Anemia
- ❑ Lung Disease
- ❑ Cancer
- ❑ Ulcer Disease
- ❑ Thyroid Disease
- ❑ Pneumonia
- ❑ Tuberculosis
- ❑ Rheumatic Fever
- ❑ Trouble with Childbirth
- ❑ Severe Injury

Surgeries: **Date (Month/Year) or Age:**

1. _____ _____
2. _____ _____
3. _____ _____
4. **Gallbladder Resection** ❑ **Yes** ❑ **No** **If Yes, When?** _____
5. **Appendectomy** ❑ **Yes** ❑ **No** **If Yes, When?** _____
6. **Tonsillectomy** ❑ **Yes** ❑ **No** **If Yes, When?** _____

Family History

	Present Age	or	Age at Death	Medical Problems or Cause of Death (Especially if Heart Disease)
1. **Mother**	_____		_____	_____
2. **Father**	_____		_____	_____

Any Other Blood Relatives With Diabetes, High Blood Pressure or Heart Disease? _____

_____

Allergies to Medications:

1. _____ 2. _____ 3. _____

Current Medications and Dose:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Do You or Did You Smoke? ❑ **Yes** ❑ **No** **Packs Per Day** ____ **How Many Years?** _____

When Did You Quit? _____

Have You Been Diagnosed as an Alcoholic? ❑ **Yes** ❑ **No**

Alcohol Consumption per Day: _____

Caffeine Consumption per day: _____

Occupation or Retired: _____

Level of Stress: ❑ **Very High** ❑ **High** ❑ **Medium** ❑ **Low**

Sexual Activity: ❑ **Satisfactory** ❑ **Unsatisfactory**