



SAN DIEGO

CARDIAC CENTER

Medical Group, Inc.

www.sdcardiac.com

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HEALTH AND CLINICAL HISTORY

PATIENT INFORMATION

Today's Date Patient Last Name First Middle Sex M F Other Date of Birth Age Occupation Ethnicity Reason for visit today Referring Doctor

PAST MEDICAL HISTORY

(please check all that apply): Heart Attack, Heart Catheterization, Angioplasty/Stent, Heart Murmur / Valve Prolapse, Bypass Surgery (CABG), Congestive Heart Failure, CT Angiogram, Echocardiogram / Heart Ultrasound, Holter Monitor, Implanted Pacemaker or Defibrillator, Stress Test (Treadmill test), Congenital Heart Disease: What type?, Angina/Chest Pain: How frequent?, Light-headedness / Dizziness / Fainting, Palpitations, Rheumatic Fever: At what age?, Rheumatic Heart Disease: What type?, Shortness of Breath on exertion, Shortness of Breath - requiring (2) or more pillows for comfortable sleep, Swelling in the ankles, Unusual Fatigue

RISK FACTOR

(please check all that apply): Current Smoker: How Long? How many packs/day? Previous Smoker: How Long? When did you quit? High Blood Pressure: How Long? Under current treatment? High Cholesterol: How Long? Under current treatment? Stroke or TIA (ministroke): When? Number of alcoholic drinks per week Diabetes Venous (leg) clots Exercise 3 times a week or more What type? On a special diet plan: What type? Leg Cramps w/walking: How long can you walk before pain? Immediate family history of heart disease Rate your level of stress over the last 12 months (circle the appropriate rating): 1 2 3 4 5 6 7 8 9 10 Low Moderate High Rate your level of stress over the last 30 days (circle the appropriate rating): 1 2 3 4 5 6 7 8 9 10 Low Moderate High How do you relieve tension and stress?

CURRENT MEDICATIONS

Please list all current medications INCLUDING vitamins and/or supplements that you are taking:

Medicine

Dose/Frequency

Medicine

Dose/Frequency

ALLERGIES

(Drug, Food, Environmental): Please list any allergies and reaction:

PAST SURGICAL HISTORY AND HOSPITALIZATIONS

(In chronological order):

Reason / Approximate Date

Reason / Approximate Date

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

FAMILY MEDICAL

(Please indicate the current health status of each of your family members):

(If deceased, please indicate cause and approximate age at time of death)

Father: _____

Mother: _____

Siblings: _____

SOCIAL AND PERSONAL HISTORY

(Please ✓ appropriate box):

Married Widowed Single Other: _____

City of Birth? _____ Highest level of education? _____

How many children? _____ Current ages? _____

How long have you lived in San Diego or wherever you currently reside? _____

Notes (Office Use Only)
