CARDIOSMART PLLC
Road to a healthy heart

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Location:

☐ 216-16 Union Turnpike, Bayside ☐ 26619 Union Turnpike, Queens ☐ 207-07 Hillside Avenue, Queens

Patient's Personal History

(Please use the back of this page if additional writing space is required)

Patient Name (Please Print): _____ **Today's Date:** _____

Date of Birth: ___/___/_____ **Age:** _____ **Referring/Primary Physician:** _____

Pharmacy name, address & phone number: _____

Reason for Visit:

_____

MEDICAL PROBLEMS

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

SURGICAL HISTORY

Please List Any Prior Surgeries & Dates

Hypertension : Yes / No (Circle One) _____

Diabetes : Yes / No (Circle One) _____

High Cholesterol : Yes / No (Circle One) _____

_____

_____

SOCIAL HISTORY

Current Marital Status: _____ **Occupation:**

_____

Do you use tobacco? Yes / No / Previously if so, how much?: _____

Do you drink alcohol? Yes / No - If so, how much?: _____ **Do you use caffeine?** Yes / No - If so, how much?: _____

FAMILY MEDICAL HISTORY

Father's Medical problems and age at diagnosis: _____

Mother's Medical problems and age at diagnosis: _____

Illnesses that run in your family: _____

Do you have any drug or latex allergies? _____

Please List All Current Medications (Prescription and Over-the-Counter), Oral Contraceptives, Vitamins, and Herbs:

Medication Name	***Dose***	***Frequency***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Health Care Proxy? _____

Review of Recent Symptoms (Please circle all that apply)

General: Fevers; Chills; weight gain/loss
Allergic: Allergies; Hay Fever
Eyes: Glaucoma; Blurred Vision; Double Vision; Pain;
Neurological: Tremors; Dizziness; Numbness; Headaches
Skin: Skin Rash; Eczema;
Musculoskeletal: Joint Pain; Neck Pain; Back Pain; Muscle Cramping
ENT: Ear Infection; Sore Throat; Sinus Problems
Urinary: Urinary Retention; Painful Urination; Urinary

Gastrointestinal: Abdominal Pain; Nausea/Vomiting; Heartburn
Cardiovascular: Chest pain; Palpitations; Leg Swelling; Fainting
Respiratory: Wheezing; Cough; Shortness of Breath; Asthma;
Lymphatic: Swollen Glands; Blood Clot Disorder
Psychological: Depression; Anxiety/Stress

Patient Signature: _____ Date: _____