

Please Complete This Presbyterian Heart Group Questionnaire (All 3 Pages)

Your Name: _____ Your Age: _____

Name of the physician who referred you to us: _____

What medical problems are you concerned about?: _____

What do you expect to get out of today's visit?: _____

Have you seen a heart doctor before? Yes No

Has a physician ever told you that you had a heart problem? Yes No

Have you ever had any heart procedures, tests or surgery? Yes No

Have you ever had rheumatic fever? Yes No

Have you ever been told that you had a heart murmur? Yes No

Have you been having chest discomfort? Yes No

Do you have difficulty breathing when you are flat in bed? Yes No

Do your ankles swell? Yes No

Has your heart been racing or skipping beats? Yes No

Have you passed out within the past 6 months? Yes No

Do your lower legs cramp up when you walk? Yes No

Do you have varicose or bulging veins in your legs? Yes No



Do you smoke or have you ever smoked cigarettes? Yes No

If you still smoke, how many packs per day? _____

If you used to smoke, how many packs per day and when did you quit? _____

Do you have or are you being treated for a high cholesterol level? Yes No

Do you have or are you being treated for high blood pressure? Yes No

Do you have diabetes? Yes No

What diseases run in your family? _____

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Do you have a brother, sister, parent, or child who has had heart trouble? Yes No

If "Yes," who? _____



Have you ever had a stroke? Yes No

Do you have asthma? Yes No

Have you had an ulcer or hepatitis? Yes No

Have you ever been treated for blood clots in your legs or lungs? Yes No

Do you have a thyroid problem? Yes No

Please list all overnight hospitalizations you have had within the last 12 months:

Please list other medical problems that don't involve your heart: _____

Please list operations you have had: _____

Please list over-the-counter vitamins, supplements or herbal medicines you use:

Please list medications you have had an allergic or bad reaction to: _____

Have you ever had a x-ray study where dye was injected into you? Yes No



Where were you born and where did you grow up? _____

How long have you lived in New Mexico? _____

What is your marital status (and how many children)? _____

Who lives with you? _____

What is or was your occupation? _____

What is the highest grade level or degree you completed in school? _____

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