



# New Patient Questionnaire

To provide you with a thorough cardiovascular evaluation, we ask all new patients to complete this information.

Knowledge of your medical history can help us to make appropriate recommendations and decisions.

## Patient Information

Full Name:

Date of Birth:

Email Address:

Allergies w/ Reactions:

Medications:

*(Include Name/Dosage/Frequency Taken):*

## Social History

Alcohol Usage (*Drinks Per Week*):

Tobacco Usage (*Packs Per Day*):

If stopped, when:

Marital Status:

Occupation:

Exercise (*Times Per Week*):

**Be sure to turn the page over, there are more questions on the back.**



## Primary Care Physician Information

Name:

Address:

Phone Number:

## Pharmacy Information *(Circle One)*

Pharmacy Type:    Local    |    Mail Order

Name of Local Pharmacy/Address/Phone Number:

## Review of Systems: *(Check all that Apply)*

### General:

- Recent Weight Loss/Gain
- Fever or Chills
- Sleep Disturbance

### ENT:

- Hearing Loss
- Nose Bleeds
- Hoarseness
- Difficulty Speaking

### Integumentary:

- Skin Rashes or Skin Lesions

### Respiratory:

- Shortness of Breath
- Cough
- Wheezing
- Coughing up Blood

### Eyes:

- Double or Blurred Vision

# Cont. New Patient Questionnaire



Clearwater  
Cardiovascular  
Consultants

## Review of Systems: (Check all that Apply)

### Cardiovascular:

- Chest Pain/Tightness/Pressure
- Palpitations
- Loss of Consciousness
- Recent decrease in your ability to exercise as much

### Peripheral Vascular:

- Leg Pain/Cramp at Rest
- Leg Pain/Cramp with Activity
- Changes in color of the legs or feet
- Right Leg/Ankle/Feet Swelling
- Left Leg/Ankle/Feet Swelling
- Both Legs/Ankles/Feet Swelling
- Varicose Veins

### Abdominal:

- Nausea/Vomiting
- Abdominal Pain
- Blood in Stools
- Change in Bowel Habits
- Difficulty Swallowing
- Indigestion

### Genitourinary:

- Blood in Urine
- Pain when Urinating
- Incontinence

### Musculoskeletal:

- Arthritic Symptoms
- Muscle Pain/Cramps

### Neurological:

- Numbness/Tingling
- Dizziness
- Headaches
- Confusion
- Weakness
- Unsteady Gait

### Psychiatric:

- Depression or Change in Mood
- Anxiety

### Endocrine:

- Heat/Cold Intolerance
- Feel need to drink a lot of water

### Hematology:

- Easy Bruising
- Abnormal Bleeding

## Past Medical/Surgical History

List your Past Medical/Surgical History:

## Family History

List significant medical problems and/or cause of death and age

Mother's Medical History:

Sister's Medical History:

Father's Medical History:

Brother's Medical History:

Additional Information: