SOUTHEAST CARDIOLOGY
Caring for the heart, from the heart

NEW PATIENT INTAKE FORM

Welcome to Southeast Cardiology. Please help us by answering the following questions.

Name: _____ DOB: _____

Main reason for today's office visit: _____

_____

Do you have a history of heart problems of heart disease?

☐ Heart attack ☐ Stents in heart ☐ Bypass surgery ☐ Congestive heart failure

_____

_____

Are there any family members heart problems or heart disease?

☐ No ☐ Yes ☐ Father _____ ☐ Brother _____
☐ Mother _____ ☐ Sister _____
☐ Other _____

What other medical problems do you have?

☐ Diabetes ☐ Stroke/TIA ☐ _____ ☐ _____
☐ High Blood Pressure ☐ High Cholesterol ☐ _____ ☐ _____

Do you smoke? ☐ No ☐ Quit in _____ ☐ Yes, About _____ Cigarettes per day
☐ Other Tobacco _____

Do you drink alcohol? ☐ No ☐ Yes, Describe: _____

Do you have any of the following problems or symptoms ☐ *All systems normal*

Constitutional
☐ Chills
☐ Fatigue
☐ Fever
☐ Weight gain
☐ Weight loss

Head
☐ Dizziness
☐ Fainting
☐ Headaches

Eyes
☐ Blurred vision
☐ Double vision
☐ Loss of vision

Skin
☐ Easy bruising
☐ Rashes

Cardiovascular
☐ Chest pain or discomfort
☐ Shortness of breath with activity
☐ Palpitation
☐ Heart murmur
☐ Leg pain when walking
☐ History of rheumatic fever
☐ Difficulty breathing lying down
☐ Waking up with shortness of breath
☐ Swelling of legs

Respiratory
☐ Cough
☐ Wheezing
☐ Coughing up blood
☐ Shortness of breath
☐ Sputum

Gastrointestinal
☐ Abdominal pain
☐ Nausea
☐ Diarrhea
☐ Black stool
☐ Vomiting
☐ Vomiting blood
☐ Rectal bleeding

Neurological
☐ Weakness
☐ Numbness
☐ Paralysis
☐ Stroke
☐ Tingling
☐ Unsteady gait
☐ Seizures

Reproductive (Females)
☐ Pregnancy
☐ Birth Control

Musculoskeletal
☐ Arthritis
☐ Back problems
☐ Memory loss

Psychiatric
☐ Anxiety
☐ Depression

Endocrine
☐ Diabetes
☐ Thyroid Problems

Hematologic
☐ Anemia
☐ Blood clots

Urinary
☐ Blood in urine
☐ Kidney stones