Newton J. Friedman, MD, FACC
Thomas Q. Kong, Jr., MD, FACC
Nolan J. Mayer, MD, FACC
Craig S. Mansour, MD, FACC
Alejandro Garcia-Revilla, MD, FACC
John H. Pang, MD, FACC

Diplomates of the American Boards of Internal Medicine and Cardiovascular Disease

Ventura Cardiology Consultants

venturacardiology.com

100 N. Brent Street, Suite 301
Ventura, CA 93003
(805) 648-2763
(805)653-5639 Fax

1901 Outlet Center Dr., Suite 210
Oxnard, CA 93030
(805) 485-3800

204 Pirie Rd., Suite A
Ojai, CA 93023
(805) 656-2211

MEDICAL HISTORY QUESTIONNAIRE

Today's date: _____ Date of birth: _____
Name: _____ Age: _____
Referring physician: _____ Primary care physician: _____
Other physicians involved in your care: _____
Present concern: _____

_____

Cardiovascular history (check box / provide details):

- ☐Prior myocardial infarction / heart attack / date _____
- ☐Prior coronary artery bypass surgery / date _____
- ☐Prior coronary intervention / angioplasty / stent / date _____
- ☐Heart valve disease / prior valve surgery / date _____
- ☐Congestive heart failure _____
- ☐Hypertension / high blood pressure _____
- ☐Diabetes _____
- ☐Dyslipidemia / high cholesterol _____
- ☐Current / prior tobacco use _____
- ☐Family history of heart disease _____
- ☐Pacemaker / defibrillator / date _____
- ☐Peripheral artery disease / aneurysm / vascular surgery _____
- ☐Prior stroke _____
- ☐Lung disease / COPD / emphysema _____
- ☐Kidney disease / current or prior dialysis _____

Other surgeries / dates:

_____ _____
_____ _____
_____ _____

Prescription medications (drug name / dose / frequency):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Over-the-counter medications and supplements (aspirin, pain relievers, antihistamines, etc.):

_____
_____
_____

Allergies and intolerances (list reactions):

☐Penicillin _____ ☐Sulfa _____
☐Aspirin _____ ☐Sedatives _____
☐Narcotics _____ ☐X-Ray Contrast _____
☐Anesthetics _____ ☐Other _____

Habits:

☐Tobacco Type: _____ ☐Alcohol / drinks per week: _____
Began: _____ ☐Caffeine / beverages per day: _____
Quit: _____

Family history:

☐Heart disease: Relative (s) _____
☐Hypertension: Relative (s) _____
☐Diabetes: Relative (s) _____
☐High cholesterol: Relative (s) _____

Father Age ____ Alive / deceased Cause of death _____
Mother Age ____ Alive / deceased Cause of death _____
Brother Age ____ Alive / deceased Cause of death _____
Brother Age ____ Alive / deceased Cause of death _____
Brother Age ____ Alive / deceased Cause of death _____
Sister Age ____ Alive / deceased Cause of death _____
Sister Age ____ Alive / deceased Cause of death _____
Sister Age ____ Alive / deceased Cause of death _____
Child Age ____ Alive / deceased Cause of death _____
Child Age ____ Alive / deceased Cause of death _____
Child Age ____ Alive / deceased Cause of death _____

Social history:

Occupation / current: _____ Prior: _____
Marital status: _____
Relatives living with you: _____

Exercise:

Types: _____
Hours per week: _____

REVIEW OF SYSTEMS
(Circle Symptoms)

Cardiac

- ☐ Chest discomfort
- ☐ Irregular / rapid heart beat
- ☐ Fainting / blackouts
- ☐ Shortness of breath
- ☐ Breathing problems at night
- ☐ Ankle swelling
- ☐ Palpitations
- ☐ Passing out
- ☐ Light headedness

Vascular

- ☐ Leg or arm pain with exertion
- ☐ Varicose vein surgery
- ☐ Hand pain with cold exposure
- ☐ Prior artery surgery
- ☐ Artery or vein clotting
- ☐ Artery or vein stent

Respiratory

- ☐ Shortness of breath
- ☐ Wheezing
- ☐ Nose bleeds
- ☐ Emphysema / COPD
- ☐ Cough
- ☐ Sleep trouble / apnea / snoring
- ☐ Asthma
- ☐ Coughing up blood
- ☐ Excessive sleepiness

Gastrointestinal

- ☐ Abdominal pain
- ☐ Heartburn / reflux / GERD
- ☐ Diarrhea
- ☐ Gallstones
- ☐ Unexplained weight loss
- ☐ Ulcer
- ☐ Constipation
- ☐ Hepatitis / jaundice
- ☐ Loss of appetite
- ☐ Nausea or vomiting
- ☐ Vomiting blood
- ☐ Rectal bleeding

Genitourinary

- ☐ Frequent urination
- ☐ Blood in urine
- ☐ Kidney stones
- ☐ Nighttime urination
- ☐ Weak urine stream
- ☐ Prostate problems
- ☐ Painful urination
- ☐ Vaginal bleeding
- ☐ Erectile dysfunction

Neurologic

- ☐ Seizures / convulsions
- ☐ Imbalance / falling
- ☐ Hearing problems
- ☐ Memory difficulty
- ☐ Alzheimer's
- ☐ Numbness / tingling
- ☐ Dizziness / vertigo
- ☐ Visual problems
- ☐ Anxiety
- ☐ Parkinson's
- ☐ Tremor
- ☐ Headaches
- ☐ Loss of smell
- ☐ Depression

Endocrine

- ☐ Heat / cold intolerance
- ☐ Dry skin
- ☐ Hair loss
- ☐ Flushing / sweating
- ☐ Voice changes
- ☐ Weight change over 10 pounds
- ☐ Irregular menstrual periods
- ☐ Unexplained fever
- ☐ Night sweats

Skin / Blood / Musculoskeletal

- ☐ Arthritis
- ☐ Muscle aches
- ☐ Mouth / oral ulcers
- ☐ Muscle weakness
- ☐ Rash
- ☐ Easy bruising / bleeding

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