

Name _____ Date _____

Reason for visit _____

Age _____ Male () Female () # of Children _____ Type of Work _____

Have you ever had the following:

() Atrial Fibrillation () Other Heart Arrhythmias () Heart Disease () Heart Failure

() High Blood Pressure () Diabetes () Thyroid Disease () Sleep Apnea

Other _____

Surgeries/Procedures:

() Cardiac Ablation () Coronary Artery Bypass () Other _____

ALLERGIES TO MEDICATIONS: _____

Electrophysiology Review

Do you use decongestants? _____

Do you smoke? _____ How long? _____ How much? _____

If no, did you ever smoke? _____ How long? _____ How much? _____ When did you stop? _____

Have you ever used drugs? (ex. Marijuana, Cocaine, etc.)? _____

Do you drink alcohol? _____ If yes, how much weekly? _____

If no, did you ever drink alcohol? _____ How long? _____ How much? _____ When did you stop? _____

Do you drink caffeine? _____ If yes, how much daily? _____

Do you drink tea? _____ If yes, how much daily? _____

Do you eat chocolate? _____ If yes, how much? _____

Family History

Mother () Alive () Deceased Age/Age of Death _____ State of Health _____

Health Problems: _____

Father () Alive () Deceased Age/Age of Death _____ State of Health _____

Health Problems: _____

Siblings/Children (Circle)	Alive	Age	Deceased	Age	State of Health
Sister or Brother	_____	_____	_____	_____	_____
Sister or Brother	_____	_____	_____	_____	_____
Sister or Brother	_____	_____	_____	_____	_____
Sister or Brother	_____	_____	_____	_____	_____
Daughter or Son	_____	_____	_____	_____	_____
Daughter or Son	_____	_____	_____	_____	_____
Daughter or Son	_____	_____	_____	_____	_____
Daughter or Son	_____	_____	_____	_____	_____

Review of Systems

General

- chills
- fever
- loss of weight
- sweats
- fatigue
- depression
- dizziness
- fainting
- forgetfulness
- headaches (migraines)
- loss of sleep
- nervousness
- bleeding disorders

Skin

- bruise easily
- hives
- itching
- change in moles
- rash
- scars
- sore that won't heal

Eye

- blurred vision
- double vision
- vision – flashes or halos
- glaucoma
- eye glasses or contacts
- cataracts

Nose

- hay fever
- nosebleeds
- sinus problems

Gastrointestinal

- poor appetite
- bloating
- constipation
- diarrhea
- difficulty swallowing
- excessive hunger
- excessive thirst
- gas
- hemorrhoids
- indigestion
- nausea
- rectal bleeding
- stomach pain
- vomiting
- vomiting blood

Pulmonary

- asthma
- persistent cough
- shortness of breath
 - at rest
 - on exertion
- sputum production
- pain in chest
- blood in sputum

Cardiovascular

- chest pain
- high blood pressure
- irregular heart beat
- low blood pressure
- poor circulation
- rapid heart beat
- swelling of ankles
- varicose veins

Men Only

- breast lump
- erection difficulties
- lump in testicles
- penis discharge
- sore on penis

Muscle/Joint/Bone

- pain, weakness, numbness
- arms hips
- back legs
- feet neck
- hands shoulder
- arthritis

Neurological

- epilepsy
- multiple sclerosis
- stroke
- numbness

Psychiatric

- depression
- hospitalization
- anxiety
- alcohol or drug addiction

Mouth/Throat

- bleeding gums
- hoarseness

Genio-urinary

- blood in urine
- frequent urination
- lack of bladder control
- painful urination
- frequent infections
- difficulty to urinate

Women Only

- abnormal pap smear
- bleeding between periods
- breast lump
- extreme menstrual pain
- hot flashes
- nipple discharge
- painful intercourse
- vaginal discharge

(Signature)

(Date)