California Heart associates
A Medical Group

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HEALTH HISTORY QUESTIONNAIRE

Name: _____ Age: ____ Sex: ____ Date: _____

PERSONAL HEALTH HISTORY Please check any of the following which apply to your personal history.

_____Heart Attack
_____Heart murmur or click
_____Other cardiac surgery
_____Chest discomfort at rest
_____Chest discomfort with exertion
_____Unusual shortness of breath
_____Chest injury
_____Tingling, numbness in shoulders, arms, neck or jaw
_____Palpitations, flutter, skipped beats
_____Lightheadedness or fainting spells
_____Frequent indigestion
_____Asthma, emphysema, bronchitis
_____Emotional disorders
_____High blood pressure
_____Bypass surgery
_____stroke
_____Diabetes
_____Ankle swelling
_____Orthopedic problems, Arthritis
_____Abnormal cholesterol
_____Rheumatic fever
_____Rheumatic hem disease
_____Peripheral vascular disease, blood clot
_____Stomach disorders
_____Pneumonia
_____Tuberculosis
_____Phlebitis, emboli

Other: _____
_____
_____
_____

List any recent (last 5 years) illness, hospitalizations or surgical procedures: _____

_____

List any recent accidents or injuries: _____

FAMILY HISTORY Please check any of the following conditions which apply to a blood relative (Grandparents, Father, Mother, Siblings):

	Relative	Age When Happened
Heart Attack	_____	_____
Coronary artery disease	_____	_____
Congestive heart disease	_____	_____
Stroke	_____	_____
Sudden death	_____	_____

MEDICATIONS Please list all medications, doses and when last taken:

Medication	Dosage	Last Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to any medications: YES:____ NO:____ If yes, specify: _____

SMOKING HISTORY
_____ Never Smoked
_____ Cigarettes; _____ packs per day
_____ Cigar or Pipe
_____ Quit _____ years ago

USE OF DRUGS
_____ Never
_____ Type_____
_____ Frequency_____

ALCOHOL USAGE
Never: _____
Monthly or less: _____
2-4 per month: _____
2-3 per week: _____
4+ per week: _____

PHYSICAL ACTIVITY
I currently exercise _____ times per week.
My exercise session lasts for ____ minutes.
My exercise consists of: _____

_____

PATIENT'S SIGNATURE

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