GLENDALE HEART INSTITUTE
PATIENT HISTORY QUESTIONAIRE
Welcome to our office. To help your physician know more about you, please complete this questionnaire.

TODAYS DATE:_____
Name:_____ Date of Birth_____
?Male ? Female ?Married ?Single ?Widowed ?Divorced ?Long term relationship

Illnesses PRIOR MEDICAL HISTORY
Illnesses Anemia? Yes ?NoCancer? Yes ?NoOpen Heart? Yes ?NoDiabetes? Yes ? NoThyroid Condition? Yes ? NoAngioplasty? Yes ? NoTuberculosis? Yes ? NoPneumonia? Yes ? NoStent? Yes ? NoStroke? Yes ?NoHepatitis? Yes ?NoPacemaker? Yes ?NoStomach Ulcer? Yes ? NoKidney Disease? Yes ? NoProstate? Yes ? NoChicken Pox? Yes ? NoAsthma? Yes ? NoGallbladderMeasles? Yes ?NoBack Problems? Yes ?NoHernia? Yes ?NoMumps? Yes ? NoBlood Transfusion? Yes ? NoHysterectomy? Yes ? NoArthritis? Yes ? NoMigraine Headaches? Yes ? NoAppendectomy? Yes ? NoRheumatic Fever? Yes ? NoTonsillectomy? Yes ? No Other Surgeries:_____
_____

CARDIAC (HEART) HISTORY
Heart Attack? Yes ? NoElevated cholesterol? Yes ? NoShortness of Breath? Yes ? NoHigh Blood Pressure? Yes ? NoChest Pain / discomfort? Yes ? NoHeart Murmur? Yes ? NoCoronary Artery Disease? Yes ? NoHeart Palpitations? Yes ? NoMitral regurgitation? Yes ? No
Other heart conditions:_____
_____

ALLERGIES
Penicillin? Yes ? No**PLEASE LIST ALL OTHER ALLERGIES**Sulfa? Yes ? NoOther? Yes ? NoPERSONAL HABITS
Smoke ? Yes ? No Number of years smoked_____Number of smokes per day_____Age or year you quit_____
Alcohol ? Yes ? No How often_____
Coffee ?Yes ? No How often_____
Tea ?Yes ? No How often_____
Street Drugs ?Yes ?No Please list_____
Do you exercise ?Yes ?No Type of exercise_____Frequency per week_____
How far can you walk
_____miles _____blocks

FAMILY HISTORY
Father alive ?Yes ?No Fathers age_____Fathers Health_____

Father deceased at age_____ cause of death_____

Mother alive ?Yes ?No Mothers age_____ Mothers Health_____

Mother deceased at age_____ cause of death_____

Brothers:_____

_____

Sisters:_____

_____

Do you have a family history of:

Heart Attack:?Yes ?No Stroke:?Yes ?No Diabetes ?Yes ?No

Cancer: ?Yes ?No High Blood Pressure ?Yes ?No