TheHeartGroup
Cardiovascular Associates Inc.

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- Shaukat Ali, M.D., F.A.C.C.

Todays Date:_____ **Primary Physician:**_____

Patient Name:_____ **Date of Birth:**_____ **Place of Birth:**_____

PERSONAL HISTORY:

Married:	**Yes**		**No**						
Divorced:	**Yes**		**No**		**Date:**				
Widowed:	**Yes**		**No**		**Date:**				
Education:	**High School**				**College**		**Graduate School**		
Current Employer or Position:									
Retired:	**Yes**		**No**		**Previous Employee or Position:**				
Alcohol Use:	**Yes**		**No**						
Currently Smoking:	**Yes**		**No**		**Date Stopped:**				
Military Service:	**Yes**		**No**		**Dates of Service:**				
Religious Faith:									

PAST HOSPITALIZATIONS AND SURGERIES:

Date:	Surgery or Illness:	Physician:

***If space is insufficient to list all surgeries, please attach or bring a list with you on your next visit**

ALLERGIES:

List All Medicine Allergies:	

Allergic to X-Ray Dye:	Yes		No		No Prior Experience		
Reaction:							

MEDICATIONS:

Medication:	Dose:	Times Per Day:

*If space is insufficient to list all medications, please attach or bring a list of all current medications with you on your next visit

FAMILY HISTORY:

Diabetes:	Yes		No		Family Member:
Heart Failure:	Yes		No		Family Member:
Coronary Artery Disease:	Yes		No		Family Member:
Stroke:	Yes		No		Family Member:
Atrial Fibrillation:	Yes		No		Family Member:
High Cholesterol:	Yes		No		Family Member:
Thrombophlebitis:	Yes		No		Family Member:
Blood Clots:	Yes		No		Family Member:

FAMILY HISTORY (continued):					
Father:	Living		Age		Health:
	Deceased		Age		Cause of Death:
Mother:	Living		Age		Health:
	Deceased		Age		Cause of Death:
Sisters:	#	Health:			
Brothers:	#	Health:			
Sons:	#	Health:			
Daughters:	#	Health:			

Personal Health History:	
High Blood Pressure:	Hepatitis:
High Cholesterol:	Prostate Problem:
Diabetes:	Arthritis:
Stroke/TIA:	Gout:
Heart Rhythm Abnormality:	Thyroid Disease:
Heart Attack:	Cancer:
Heart Murmur:	Rheumatic Fever:
Enlarged Heart:	Blood Clots in Legs or Lungs:
Seizures:	**SYMPTOMS:**
Asthma/COPD/Lung Disease:	Chest Pain:
Kidney Disease:	TIA'S:
Bladder Disease:	Shortness of Breath:
Menstruating:	Cough, Swelling or Edema:
Ulcers:	Pain in Legs During Walking:
Diverticulitis:	Fainting:
Anemia:	Palpitations:
Bleeding Problems:	Anxiety:
Blood Transfusion:	Depression:
Hepatitis:	

*If space is insufficient to list all history and symptoms, please attach or bring a list with you on your next visit