

## Cardiology: Patient questionnaire

Symptom or condition	Within last 30 days	In the past	
Dizziness or fainting			
Falls that caused an injury			
Stroke			
Shortness of breath when walking 1 to 2 blocks			
Shortness of breath when climbing 1 flight of stairs			
Shortness of breath when lying down			
Lower leg cramps while walking			
Bleeding problems or low iron (also called anemia)			
Blood clot in leg (also called phlebitis)			
High cholesterol			
Diabetes			
High blood pressure			
Heart murmur or abnormal heart valve			
Uncomfortable feeling in the chest			
Chest pain with activity (also called angina)			
Heart attack (also called myocardial infarction)			
Swollen legs, ankles, or feet			
Irregular heartbeat			
Have you had any of the following tests or proce	edures:		
Stress test or treadmill test:  Yes  No			
Cardiac catheterization or angiogram: ☐ Yes ☐	No		
Angioplasty or stent: ☐ Yes ☐ No			
Heart surgery: ☐ Yes ☐ No If so, what kind?			

Family History
Please complete the section below.

	Parents		Burtham and Girtana				Ohildren					
	Mother	Father	Brothers and Sisters				Children					
Age												
If no longer alive, age at time of death												
Check the box under any relative that has, or had, any of the following conditions. Please check all that apply.												
High blood pressure												
High cholesterol												
Smoking												
Diabetes												
Heart attack												
Angina												
Stent placement												
Bypass surgery												
Pacemaker implant												
Stroke												
Mini-stroke (TIA)												
Carotid surgery												
Aortic aneurysm												
Leg-vascular surgery												
Sudden death												
Fast heart rate												