

HUNTSVILLE HEART SPECIALISTS, LLC

CARDIOVASCULAR / PACEMAKER CONSULTANTS

101 A BOB WALLACE SW @ ALABAMA STREET • HUNTSVILLE, AL 35801



Chart# _____

Date _____

Social History

Do you use tobacco? YES NO If yes, how much and for how long? _____

If you used to smoke, when did you quit? _____ How much did you smoke? _____

How long did you smoke before quitting? _____

Do you drink alcohol? YES NO If yes, how much and how often? _____

Do you drink caffeine? YES NO If yes, what and how much? _____

Are you employed? YES NO If yes, what do you do? _____

Are you married? YES NO

Do you exercise? YES NO

Pharmacy Name: _____ Phone(____) _____ Address: _____

Review of Systems

(Please check the blank if it applies to you)

General

Chills
Fatigue
Fever
Recent illness
Sweating
Weakness
Weight gain
Weight loss
Chest pain

ENT

Difficulty swallowing
Ear pain
Facial pain
Nasal congestion

Endocrine

Cold intolerance
Heat intolerance
Excessive thirst
Excessive appetite

Eyes

Blurred vision
Drainage
Eye pain
Sensitivity to light

Gastrointestinal

Constipation
Diarrhea
Heartburn
Blood in stool
Nausea
Vomiting

Lymphatic

Swelling in feet
Swelling in hands
Swelling in legs

Musculoskeletal

Pain in joint
Back pain
Discoloration of skin
Swelling in joint
Gout attack
Heel pain
Hip pain
Knee pain
Leg pain
Muscle cramps
Muscle twitching
Osteoarthritis
Rheumatoid Arthritis
Point tenderness
Varicose veins

Neurological

Head pain
Confusion
Double vision
Dizziness
Fainting
Light headedness
Memory loss
Tingling sensation
Seizures
Tremors

Urinary

problem
Explain: _____

Psychiatric

Agitation
Anxiety
Lack of sympathy
Depression
Irritability
Restlessness
Homicidal ideation
Suicidal ideation

Respiratory

Asthma
Cough
Painful breathing
Nose bleeds
Shortness of breath

Skin

Lack of sweat
Insect bite
Bruising
Hair loss
Jaundice
Lesions
Itching
Rash

Appetite

Good
Fair

Sleep

Good
Fair
Poor
Wake up tired
Stay tired all day