HUNTSVILLE HEART SPECIALISTS, LLC

CARDIOVASCULAR / PACEMAKER CONSULTANTS

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

Chart#_	
Date	

Medical History								
Ame: Referring or Primary Care Physician:								
SSN: DOB:/ Age: Drug Allergies:								
Please explain the reason for your visit:					. <u></u>			
Current Medications - Dosage - Frequen	nov•	Surgeries:						
Current Medications - Dosage - Freques	ncy.	Surgeries.						
		dical History						
(Please check the blank	if either parent or	other immediate fam	ily has/had the follo	wing problems.)				
	Self	Father	Mother	Other				
Asthma								
Atrial Fibrillation								
Bleeding Disorder								
Blood Clots								
Carotid Artery Disease								
Congestive Heart Failure								
Diabetes								
Edema or Swelling								
Heart Attack								
Heart Blockage								
Hypertension								
High Cholesterol								
Leg Pain								
Migraines								
Palpitations								
Peripheral Vascular Disease								
Rhythm Problems								
Shortness of Breath								
Sleep Apnea								
Stroke/TIA								
Thyroid Problems								
Valve Problems								
Varicose Veins								

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Explain: __

	Chart#										
				Date							
		Social History									
Do you use tobacco? YES NO	O If yes how										
If you used to smoke, when did	von anit?	mach and for now long.	Hov	v much did vou smoke?	-						
How long did you smoke before	you quit:										
Do you drink alcohol? YES No					-						
Do you drink caffeine? YES N											
Are you employed? YES NO											
Are you married? YES NO	ii jes, wiiai as	Jou 40.									
Do you exercise? YES NO											
Pharmacy Name:		Phone()		Address:							
Tharmaey Tvame.				11441055							
		Review of Systems									
	(Please	check the blank if it app	lies to	you)							
General	•	Lymphatic		Psychiatric							
Chills		Swelling in feet		Agitation							
Fatigue		Swelling in hands		Anxiety							
Fever		Swelling in legs		Lack of sympathy							
Recent illness				Depression							
Sweating		Musculoskeletal		Irritability							
Weakness		Pain in joint		Restlessness							
Weight gain		Back pain		Homicidal ideation							
Weight loss		Discoloration of skin		Suicidal ideation							
Chest pain		Swelling in joint									
chest pum		Gout attack		Respiratory							
ENT		Heel pain		Asthma							
Difficulty swall	lowing	Hip pain		Cough							
Ear pain		Knee pain		Painful breathing							
Facial pain		Leg pain		Nose bleeds							
Nasal congestion		Muscle cramps		Shortness of breath							
T tusur congestion		Muscle twitching			_						
Endocrine		Osteoarthritis		Skin							
Cold intolerance	e 🗆	Rheumatoid Arthritis		Lack of sweat							
Heat intoleranc		Point tenderness		Insect bite							
Excessive thirst		Varicose veins		Bruising							
Excessive appe			_	Hair loss							
		Neurological		Jaundice							
Eyes		Head pain		Lesions							
Blurred vision		Confusion		Itching							
Drainage		Double vision		Rash							
Eye pain		Dizziness			_						
Sensitivity to li		Fainting		Appetite							
	5 –	Light headedness		Good							
Gastrointestin	al	Memory loss		Fair							
Constipation		Tingling sensation		- ****	_						
Diarrhea		Seizures		<u>Sleep</u>							
Heartburn		Tremors		Good							
Blood in stool			_	Fair							
Nausea Nausea		<u>Urinary</u>		Poor							
Vomiting		problem		Wake up tired							

Stay tired all day