



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

**LMCLexingtonCardiology.com**



## Patient History Questionnaire

### ALLERGIES

Seasonal Allergies       Food Allergies       Hives

Are you ALLERGIC TO IODINE or Contrast Dye?  NO  YES

Are you ALLERGIC TO ANY MEDICATIONS?  NO  YES If yes, please list the medication name and the reactions

\_\_\_\_\_

\_\_\_\_\_

### SOCIAL HISTORY

Occupation/Type of Work: \_\_\_\_\_

Ever SMOKED?:  NO  YES If yes, how many years?: \_\_\_\_\_ Packs per day?: \_\_\_\_\_ When did you quit?: \_\_\_\_\_

Do you DRINK ALCOHOL?:  NO  YES If yes, how much? \_\_\_\_\_

Do you use RECREATIONAL DRUGS? (i.e.: cocaine, marijuana, heroin, etc):  NO  YES If yes, what kind? \_\_\_\_\_

Do you DRINK CAFFEINE?:  NO  YES If yes, how much \_\_\_\_\_

Do you EXERCISE?:  NO  YES If yes, how often \_\_\_\_\_ What kind \_\_\_\_\_ Where \_\_\_\_\_

### FAMILY HISTORY

List FAMILY HEALTH PROBLEMS such as: Hypertension, Diabetes, Coronary Artery Disease, Stent, CABG, Valve Surgery, Hyperlipidemia, AAA, CHF, Cardiomyopathy, Arrhythmias, Unexplained or Sudden Death, Congenital Heart Disease

	AGE(S)	ALIVE or DECEASED	PROBLEMS
Father	_____	_____	_____
Mother	_____	_____	_____
Brother(s)	_____	_____	_____
Sister(s)	_____	_____	_____
Other	_____	_____	_____

### SURGICAL OPERATIONS

Please list all SURGICAL OPERATIONS that you have had in the past or are currently scheduled for:

\_\_\_\_\_

\_\_\_\_\_

Have you RECENTLY had:

- ECG/EKG    Stress Test    Heart Monitor    Echocardiogram    Heart Catheterization    Coronary Stent    Coronary Bypass Surgery
- Valve Surgery    Pacemaker or Defibrillator    Cardiac Ablation    Cardiac CT or Calcium Score

Please List ALL Medical Problems and Injuries you CURRENTLY HAVE or HAVE HAD IN THE PAST

---

---

---

---

---

---

---

---

Please list all medicines you are currently taking. Include over-the-counter medicines as well as prescription drugs.

**NAME**

**DOSE/STRENGTH**

**FREQUENCY**

---

---

---

---

---

---

---

---