**Chief Complaint:**

### Cardiovascular History
- Do you have chest discomfort? | Yes | No
- If yes, what does it feel like? | | 
- Where is it located? | | 
- Do you have difficulty breathing when you walk or go up stairs? | Yes | No
- When you lie down, do you need to use pillows to breath comfortably? | Yes | No
- Do you have swelling in your legs? | Yes | No
- How many times per night do you get up to urinate? | | 
- Have you had palpitations, dizziness, or passing out episodes? | Yes | No
- Have you had scarlet fever, strep throat, or rheumatic fever? Please circle which one. | | 
- Have you had a heart murmur? | Yes | No

### Cardiac Risk Factors:
- Do you have High Blood Pressure? | Yes | No
- Do you have Diabetes Mellitus? | Yes | No
- Have you ever smoked cigarettes? | Yes | No
- Do you drink alcohol? | Yes | No
- Have you had high cholesterol? | Yes | No
- Have you or any member of your family had a heart attach, bypass surgery, balloons, or stents? | Yes | No

### Allergies:

### Medications: (include dosages)

### Previous Surgeries: What operations have you had? | What year?

| CNS | | 
| Have you had a stroke? | Yes | No
| Have you had seizures? | Yes | No
| Have you had episodes when you cannot move part of your body? | Yes | No
| Do you have episodes in which you cannot see part of all of your visual field? | Yes | No
| Do you have episodes in which you have trouble speaking? | Yes | No

| Pulmonary: | | 
| Have you had asthma? | Yes | No
| Have you had pneumonia? | Yes | No
| Have you had bronchitis? | Yes | No
| Have you coughed up blood? | Yes | No

| Urinary: | | 
| Have you had urinary tract infections? | Yes | No
| Have you had kidney stones? | Yes | No
| Have you had blood in your urine? | Yes | No
| Have you had a slow-down in your kidney function? | Yes | No
| Have you had kidney inflammation? | Yes | No

| GI Tract: | | 
| Do you have difficulty swallowing? | Yes | No
| Does it hurt when you swallow? | Yes | No
| Have you had indigestion, heartburn, or ulcers? | Yes | No
| Have you thrown-up blood or material that looks like coffee grounds? | Yes | No

| Endocrine: | | 
| Have you had high or low thyroid? | Yes | No
| Do you have hot or cold intolerance? | Yes | No

| Musculoskeletal: | | 
| Have you had arthritis? | Yes | No
| Do your legs hurt or become tired when you walk? | Yes | No
| If yes, how far can you walk before you have to stop to rest? | | 
| Have you had ulcers or sores on your legs or feet? | Yes | No
| Do your legs swell? | Yes | No
| Have you had blood clots in your legs? | Yes | No
| Have you had blood clots go to your lungs? | Yes | No

| Skin: | | 
| Have you had any skin rashes: | Yes | No

### Additional Comments: