Bryn Mawr Medical Specialists Association

Bryn Mawr Medical Specialists Association
Cardiology
Bryn Mawr Medical Arts Pavilion
825 Old Lancaster Road
Bryn Mawr, PA, 19010

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Today's Date: _____

Reason for visit: _____

MEDICATIONS

DID YOU BRING A MEDICATIONS LIST? ☐ Yes ☐ No

New or Altered Medications:	Dose:	Frequency:
1.		
2.		
3.		
4.		
5.		
6.		

Discontinued Medications

1. _____ 3. _____

2. _____ 4. _____

REVIEW OF SYMPTOMS SINCE LAST VISIT: (CHECK ALL THAT APPLY)

☐ Fatigue	☐ Fevers	☐ Weight Change	☐ Headache	☐ Dizziness
☐ Visual Problem	☐ Hearing Difficulty	☐ Sinus Congestion	☐ Jaw Pain	☐ Neck Pain
☐ Chest Pain / discomfort		☐ Heart burn	☐ Passing out spells	☐ Palpations
☐ Cough	☐ Wheezing	☐ Shortness of breath	☐ Nausea	☐ Vomiting
☐ Difficulty Swallowing	☐ Frequent Urination	☐ Blood in Urine	☐ Blood in Stool	☐ Diarrhea
☐ Abdominal Pain	☐ Erectile Dysfunction	☐ Muscle Aches	☐ Localized Numbness / Weakness	
☐ Joint Aches	☐ Leg Discomfort	☐ Leg Swelling	☐ Skin Lesions	☐ Rash

OTHER: _____

SOCIAL BEHAVIOR

Smoking Status: ○ Current Smoker ○ Former Smoker ○ Never Smoked

Do you drink alcohol? ○ Yes ○ No If yes, about how many drinks per week? _____

Do you exercise? ○ Yes ○ No If yes, how do you exercise? _____

If yes, how often do you exercise? _____

DO YOU HAVE ANY PARTICULAR QUESTIONS YOU WANTED ANSWERED TODAY?

_____

_____