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: _____ Allergies: _____

_____ _____

MEDICATIONS

DID YOU BRING A MEDICATIONS LIST? ☐ Yes ☐ No

	Drug Name:	Dose:	Frequency:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PAST MEDICAL HISOTRY

CARDIOVASCULAR:	High blood pressure	☐ Yes ☐ No	High Cholesterol	☐ Yes ☐ No
	Myocardial Infaction	☐ Yes ☐ No	Coronary Artery Disease	☐ Yes ☐ No
	Congestive heart failure	☐ Yes ☐ No	If yes, date:	_____
	Cardiomyophathy	☐ Yes ☐ No	If yes, date:	_____
	Valvular heart disease	☐ Yes ☐ No	If yes, date:	_____
	Abnormal heart rhythm	☐ Yes ☐ No	If yes, date:	_____
	Ablation	☐ Yes ☐ No	If yes, date:	_____
	Pacemaker	☐ Yes ☐ No	If yes, date:	_____

PAST MEDICAL HISTORY CONT.

CARDIOVASCULAR:	Defibrillator	☐ Yes ☐ No	If yes, date:	_____
	Echocardiogram (Echo)	☐ Yes ☐ No	If yes, date:	_____
	Stress Test	☐ Yes ☐ No	If yes, date:	_____
	Cardiac Catheterization	☐ Yes ☐ No	If yes, date:	_____
	Cardiac Stent	☐ Yes ☐ No	If yes, date:	_____
	Bypass Surgery	☐ Yes ☐ No	If yes, date:	_____
	Valve Replacement Surgery	☐ Yes ☐ No	If yes, date:	_____
	Peripheral Vascular Disease	☐ Yes ☐ No	If yes, date:	_____
	Varicose Veins	☐ Yes ☐ No	If yes, date:	_____
	Chronic Venous Insufficiency	☐ Yes ☐ No	If yes, date:	_____
	Surgery performed?	☐ Yes ☐ No	If yes, date:	_____
	Carotid Artery Disease	☐ Yes ☐ No	If yes, date:	_____
	Surgery performed?	☐ Yes ☐ No	If yes, date:	_____
	Aneurysm	☐ Yes ☐ No	If yes, date:	_____
	Surgery performed?	☐ Yes ☐ No	If yes, date:	_____

NEUROLOGY: □ Stroke / TIA □ Seizures □ Neuropathy

ENDOCRINE: □ Diabetes □ Thyroid Disorder

PULMONARY: □ Asthma □ COPD □ Sleep Apnea □ Pulmonary Embolism

GASTROINTESTINAL: □ Ulcers □ GERD □ Hiatal hernia □ Liver Disease □ Gallbladder Disease

KIDNEY DISEASE: □ Yes □ No If yes, please state: _____

OTHER: □ Prostate disorder □ Erectile dysfunction □ Breast Cancer
□ Gynecologic disorder

RHEUMATOLOGIC / MUSCULOSKELETAL DISORDER: ☐ Yes ☐ No If yes, please state: _____

BLOOD DISORDER / CLOTTING DISORDER / BLOOD CLOTS: ☐ Yes ☐ No If yes, please state: _____

CANCER HISTORY: ☐ Yes ☐ No If yes, please state: _____

OTHER: _____

_____

SURGICAL HISTORY

Procedure:	Date:	Procedure:	Date:
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

SOCIAL HISTORY

Have you ever smoked? ☐ Yes ☐ No If yes, how many per day? _____

If yes, how many years have you smoked? _____

If yes, did you quit? ☐ Yes ☐ No If yes, when did you quit? _____

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

Do you use illicit drugs? ☐ Yes ☐ No If yes, what drugs? _____

What is your occupation? _____

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

If yes, how often do you exercise? _____

FAMILY HISTORY

	MOTHER	FATHER	SIBLING	CHILDREN
Heart Attack / CAD: (Carotid Artery Disease)	☐	☐	☐	☐
Diabetes:	☐	☐	☐	☐
Sudden Cardiac Death: (Death <50 years old)	☐	☐	☐	☐
High Blood Pressure:	☐	☐	☐	☐
High Cholesterol:	☐	☐	☐	☐
Cardiomyopathy:	☐	☐	☐	☐
Aortic Aneurysm/Dissection:	☐	☐	☐	☐
Unexplained sudden death:	☐	☐	☐	☐
Cogenital heart disease:	☐	☐	☐	☐
No Significant History:	☐	☐	☐	☐

REVIEW OF SYMPTOMS: (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: _____

_____

DO YOU HAVE ANY PARTICULAR QUESTIONS YOU WANTED ANSWERED TODAY?

_____

_____

Please arrive 15 minutes before your scheduled appointment. Thank you!