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**New York, New York 10016**

| NAME | D.O.B. | GENDER | DATE |
|---|---|---|---|
| | | | |

| PRESENT HISTORY |
|---|
| Chest Pain: |
| Shortness of breath: |
| Dizziness/faintness/loss of consciousness: |
| Palpitations: |
| Other: |

| MEDICATIONS | |
|---|---|
| Name, Dose, Frequency | Name, Dose, Frequency |
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

| ALLERGIES | |
|---|---|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

| PAST CARDIOVASCULAR HISTORY |
|---|
| High Blood Pressure: |
| High Blood Cholesterol/Triglycerides: |
| Diabetes/Pre-Diabetes: |
| Heart Attack/Coronary Artery Disease: |
| Congestive Heart Failure/Cardiomyopathy: |
| Arrhythmia: |
| Heart Murmur/Valve Issue: |
| Stroke/TIA: |
| Peripheral Vascular Disease: |
| Venous Insufficiency/DVT/Pulmonary Embolism |
| Gout: |
| Erectile Dysfunction: |
| Other: |

| PAST MEDICAL HISTORY |
|---|
| Respiratory: |
| Gastrointestinal: |
| Kidney/Urinary: |
| Endocrine/GYN: |
| Musculoskeletal: |
| Neurological: |
| Dermatological: |
| Hematological/Lymphatic: |
| Allergy/Immunology: |
| Psychiatric: |
| Other: |

| PAST HOSPITALIZATIONS/SURGERIES/PROCEDURES (Including Colonoscopies/Endoscopies) | |
|---|---|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

| FAMILY HISTORY |
|---|
| Mother: |
| Father: |
| Siblings: |
| Maternal Grandparents: |
| Paternal Grandparents: |

| Social History | |
|---|---|
| Marital Status: | Children: |
| Occupation: | |
| Cigarette Smoking: | |
| Alcohol Intake: | |
| Caffeine Intake: | |
| Drug Usage: | |
| Dietary Habits: | |
| Activity/Exercise Habits: | |
| Stress Levels: | |

| HEALTH CARE PROXY: |
|---|
| |

| LIVING WILL: |
|---|
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