

West Alabama Cardiac Surgery  
New Patient Health History

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

Reason for Visit Today: \_\_\_\_\_

**CURRENT MEDICATIONS** (prescriptions AND over-the-counter)

Medication	Dose	Frequency	Who Prescribed this medication?

Drug Allergies (please list your reaction to each drug): \_\_\_\_\_

Food/latex/other allergies: \_\_\_\_\_

**Social History**

Marital Status:  Single  Married  Divorced  Widowed

How many children do you have? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Are you retired or disabled? \_\_\_\_\_

**Smoking History:**

Current Smoker: \_\_\_\_\_ year started \_\_\_\_\_

Cigarettes: \_\_\_\_\_ packs per day

Cigars: \_\_\_\_\_ number per day

Smokeless: \_\_\_\_\_ amount per day

Counseled to quit or cut down:  Yes  No

Former Smoker: \_\_\_\_\_ year quit \_\_\_\_\_

Never Smoked:

Passive smoke exposure:  Yes  No

Do you drink alcoholic beverages?  Yes  No

Types of Alcohol: \_\_\_\_\_

How many drinks per day? \_\_\_\_\_

Drug Use?  Yes  No (If yes, check type below)

Marijuana  Cocaine  Crack  Heroin

Illicit Prescription Other: \_\_\_\_\_

Do you drink caffeinated drinks?  Yes  No

How many per day? \_\_\_\_\_

Do you drink diet drinks?  Yes  No

Are you on a special diet?  Yes  No

Calorie Limited  Low Salt

Low Fat  Diabetic

High Fiber  Low Cholesterol

Other: \_\_\_\_\_

Do you exercise on a regular basis?  Yes  No

How many times per week? \_\_\_\_\_

Type of exercise? \_\_\_\_\_

Do you have a barrier to communicate?  Yes  No



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**Past Medical History**

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

- Abdominal Aortic Aneurysm
- Ablation
- Anemia
- Angina
- Aortic Stenosis
- Atrial Fibrillation
- Blood Clots
- Carotid Stenosis
- Complications after heart surgery
- Congestive Heart Failure
- Coronary Artery Bypass Graft
- Coronary Artery Disease
- Coronary Stent
- Defibrillator
- Deep Vein Thrombosis
- Prior Endocarditis
- EP Study
- Fainting
- Myocardial Infarction
- Hypertension
- High Cholesterol
- Hypertrophic Cardiomyopathy
- Irregular Heart Beat
- Mini-Stroke
- Mitochondrial Disease
- Near Syncope
- Pacemaker Placement
- Palpitations
- Pulmonary Embolism
- Peripheral Vascular Disease
- Stroke
- Syncope
- TIA
- Valve Disease/replacement
- Abscess
- Acne
- Eczema
- Melanoma
- Psoriasis
- Diabetes
- Diabetic Neuropathy
- Gout
- High Blood Sugar
- Hyperthyroidism

- Thyroid Problems
- Cirrhosis
- Colon Cancer
- Crohn's Disease
- Diverticulosis
- GERD
- GI Bleeding
- Irritable Bowel Syndrome
- Liver Disease
- Pancreatitis
- Peptic Ulcer Disease
- Stomach Ulcer
- Ulcerative Colitis
- BPH
- Blood in Urine
- Dysmenorrhea
- Epididymitis
- Inguinal Hernia
- Prostate Cancer
- Prostatitis
- Glaucoma
- Hearing Deficit
- Vision Deficit
- Hepatitis
- HIV
- Syphilis
- Tuberculosis
- Arthritis
- Rotator Cuff Tear
- ADHD
- Alcoholism
- Alzheimer's Disease
- Anxiety
- Autism
- Bipolar Disorder
- Brain Cancer
- Dementia
- Depression
- Eating Disorder
- Fibromyalgia
- Headaches
- Migraines
- Parkinson's Disease
- Schizophrenia

- Seizures
- Substance Abuse
- Dialysis
- Fistula
- Kidney Cancer
- Renal Cell Carcinoma
- Chronic Renal Failure
- Renal Insufficiency
- Asthma
- COPD
- CPAP Use
- Emphysema
- Lung Cancer
- Supplemental Oxygen Use
- Sleep Apnea
- Anemia
- Blood Cancer
- Brain Cancer
- Breast Cancer
- Cervical Cancer
- Coagulopathy
- Colorectal Cancer
- Endocrine Cancer
- Eye Cancer
- GI Cancer
- GU Cancer
- Kidney Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Lymphoma
- Musculoskeletal Cancer
- Myeloma
- Neurologic Cancer
- Oral Cancer
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer
- Stomach Cancer
- Thrombocytopenia
- Thyroid Cancer
- Testicular Cancer
- Uterine Cancer



**West Alabama Cardiac Surgery -  
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**Past Surgical History**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Cataract Extraction     | <input type="checkbox"/> Lobectomy             | <input type="checkbox"/> Appendectomy        | <input type="checkbox"/> Other GU Surgery      |
| <input type="checkbox"/> Dental Surgery          | <input type="checkbox"/> Other Chest Surgery   | <input type="checkbox"/> Cholecystectomy     | <input type="checkbox"/> Prostatectomy         |
| <input type="checkbox"/> Laryngectomy            | <input type="checkbox"/> Angiogram             | <input type="checkbox"/> Colectomy, subtotal | <input type="checkbox"/> TURP                  |
| <input type="checkbox"/> Tonsillectomy           | <input type="checkbox"/> Angioplasty           | <input type="checkbox"/> Colectomy, total    | <input type="checkbox"/> Vasectomy             |
| <input type="checkbox"/> Other Head Surgery      | <input type="checkbox"/> CABG Surgery          | <input type="checkbox"/> Gastric Bypass      | <input type="checkbox"/> GU - Other Surgery    |
| <input type="checkbox"/> Other Eye Surgery       | <input type="checkbox"/> Carotid               | <input type="checkbox"/> Hernia Repair       | <input type="checkbox"/> Joint Replacement     |
| <input type="checkbox"/> Other Ear Surgery       | <input type="checkbox"/> Endarterectomy        | <input type="checkbox"/> Splenectomy         | <input type="checkbox"/> Skin Cancer Removal   |
| <input type="checkbox"/> Other Nasal Surgery     | <input type="checkbox"/> Coronary Stent        | <input type="checkbox"/> Other GI Surgery    | <input type="checkbox"/> Craniotomy            |
| <input type="checkbox"/> Other Throat Surgery    | <input type="checkbox"/> Heart Transplant      | <input type="checkbox"/> Bladder Surgery     | <input type="checkbox"/> Spinal Surgery        |
| <input type="checkbox"/> Parathyroidectomy       | <input type="checkbox"/> Pacemaker             | <input type="checkbox"/> Kidney Stone        | <input type="checkbox"/> Breast Biopsy         |
| <input type="checkbox"/> Thyroid Surgery         | <input type="checkbox"/> Valve Replacement     | <input type="checkbox"/> Extraction          | <input type="checkbox"/> Lumpectomy            |
| <input type="checkbox"/> Other Endocrine Surgery | <input type="checkbox"/> Other cardiac surgery | <input type="checkbox"/> Nephrectomy         | <input type="checkbox"/> Mastectomy, bilateral |
| <input type="checkbox"/> Bronchoscopy            |  |  | <input type="checkbox"/> Mastectomy, left      |
|  |  |  | <input type="checkbox"/> Mastectomy, right     |

**Family History**

Medical Condition	Mom	Dad	Sister	Brother	Daughter	Son
Aortic Aneurysm						
Asthma						
Bleeding Disorder						
Cancer _____						
Congestive Heart Failure						
Connective Tissue Disease						
Coronary Artery Disease						
Coronary Heart Disease - male <55						
Coronary Heart Disease - female <55						
CVA or stroke						
Diabetes						
Hyperlipidemia						
Hypertension						
Marfan's Syndrome						
Pulmonary Artery Hypertension						
Peripheral Vascular Disease						
Prolonged QT						
Renal Disease						
Sudden Cardiac Death						
Thyroid Disease						



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**Review of Systems (please check if you have any of the following)**

**General:**

- Appetite Change
- Excessive Swelling
- Fatigue
- Fever
- Night Sweats
- Weight Gain
- Weight Loss

**Eyes:**

- Blurred Vision
- Corrective Lenses
- Diplopia
- Eye Irritation
- Eye Pain
- Spots in Vision
- Vision Loss

**Ear, Nose and Throat:**

- Ear Pain
- Hearing Loss
- Tinnitus
- Vertigo
- Facial Pain
- Nasal Discharge
- Nasal Obstruction
- Nosebleeds
- Postnasal Drainage
- Bleeding Gums
- Dental Pain
- Mouth Lesions
- Hoarseness
- Sore Throat

**Cardiovascular:**

- Chest Pain
- Decreased Exercise Tolerance
- Exertional Dyspnea
- Orthopnea
- Palpitations
- Syncope
- Claudication
- Leg Ulcers
- Peripheral Edema

**Respiratory:**

- Cough
- Sputum Production
- Hemoptysis
- Shortness of breath
- Pleuritic Pain
- Wheezing
- Snoring
- Apneas

**Gastrointestinal:**

- Abdominal Pain
- Bloating
- Food intolerance
- Nausea
- Vomiting
- Dysphagia
- Reflux/Heartburn
- Change in bowel habits
- Constipation
- Diarrhea
- Black Stools
- Bloody Stools

**Genitourinary:**

- Change in urinary stream
- Dysuria
- Hematuria
- Incontinence
- Nocturia
- Urinary Frequency
- Urinary Urgency
- Penile Discharge
- Sexual Dysfunction

**Musculoskeletal:**

- Back pain
- Joint pain
- Joint Swelling
- Limited range of motion
- Muscle Aches
- Muscle Weakness
- Stiffness

**Integumentary:**

- Hair Changes
- Lesions/changes in moles
- Nail Changes
- Pigment Changes
- Pruritus
- Rash

**Neurologic:**

- Abnormal gait
- Focal weakness
- Headache
- Incoordination
- Memory Problems
- Numbness
- Seizures
- Slurred Speech
- Tremor

**Psychiatric:**

- Anxiety
- Decreased concentration
- Irritability
- Panic Attacks
- Sleep Disturbances
- Sadness/tearfulness

**Endocrine:**

- Polydipsia
- Polyphagia
- Polyuria

**Hematologic/Lymphatic**

- Bruising
- Bleeding tendencies
- Lymphadenopathy
- Recurrent infections

**Allergic/immunologic:**

- Eczema
- Seasonal allergies
- Urticaria

Documented by \_\_\_\_\_

Date/Time \_\_\_\_\_



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