Statesboro Cardiology, P.A. 5 Grady Johnson Rd, Statesboro, GA 30458

Patient History Form

PLEASE PRINT

Name_____ Date of Birth _____ Date_____

Please Check: ☐ Male ☐ Female

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

Education: ☐ Elementary ☐ High School ☐ College, Technical School

Occupation: _____ ☐ Retired

Physical Requirements of Occupation: _____

Daily Exercise: _____

Recreational Activities and Hobbies: _____

Family History

	Living	Age or Age at Death	Present health or cause of death
Father	☐ Yes ☐ No	_____	_____
Mother	☐ Yes ☐ No	_____	_____
Spouse	☐ Yes ☐ No	_____	_____

Present Years Marriage _____ Previous Marriage Years and Duration _____

Brother(s) # Living _____ Health Status: _____

Deceased _____ Cause of death: _____

Sister(s) # Living _____ Health Status: _____

Deceased _____ Cause of death: _____

Children # Living _____ Health Status: _____

Deceased _____ Cause of death: _____

Please check illness or conditions YOU have had….

☐ High Blood Pressure ☐ Diabetes ☐ Family History of Heart Disease or Stroke ☐ Leg Pain when Walking

☐ Obesity ☐ No Exercise ☐ High Cholesterol ☐ Glaucoma ☐ Heart Trouble ☐ Stroke

☐ Venereal Disease ☐ Cancer ☐ Bleeding Tendency ☐ Kidney Disorder ☐ Tuberculosis ☐ Asthma

☐ Nervous Disorder ☐ Pneumonia ☐ Rheumatic Fever ☐ Vein Trouble ☐ Jaundice ☐ Arthritis

Personal Habits: (Please Check)

☐ Yes ☐ No Do you use tobacco products? If yes, ☐ Cigarettes ☐ Pipe ☐ Cigars ☐ Smokeless Tobacco

☐ Yes ☐ No Do you have a history of tobacco use?

☐ Yes ☐ No Do you drink more than 6 cups of coffee per day?

☐ Yes ☐ No Do you drink alcohol? If yes, how much? _____

Other Information

Please list all medications: _____

_____

Have you had serious injuries, broken bones, etc.? _____

If so, please list: _____

Have you had any allergies or sensitivity to medications or other substances? _____

If so, please describe: _____

Write the names and years of any operations that you have had: _____

_____

Write all hospitalizations you have had except for surgery: _____

_____