			Date:		
Chief Complaint:					
Cardiovascular History:	4	ħ	Cardiac Risk Factors:		Jiv t
Do you have chest discomfort?	Yes	No	Do you have High Blood Pressure?	Yes	1
If yes what does it feel like?			Do you have Diabetes Mellitus?	Yes	1
Where is it located?		Have you ever smoked cigarettes?	Yes	1	
Do you have difficulty breathing when you walk or go up stairs?	Yes	No	Do you drink alcohol?	Yes	1
When you lie down, do you need to use pillows to breath comfortably?	Yes	No		Yes	1
Do you have swelling in your legs?	Yes	No	Have you or any member of your family had a heart attack, bypass surgery, balloons, or stents?	Yes	1
How many times per night do you get up to urinate?					
Have you had palpitations, dizziness, or passing out episodes?	Yes	No			
Have you had scarlet fever, strep throat, or rheumatic fever? Please circle which one.					
Have you had a heart murmur?	Yes	No	L		
Allergies: Medications: (include dosages)					
			Pulmonary:		
Have you had a stroke?	Yes	No	Have you had asthma?	Yes	N
Have you had a stroke? Have you had seizures?					
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body?	Yes	No	Have you had asthma?	Yes	N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field?	Yes Yes	No No	Have you had asthma? Have you had pneumonia?	Yes Yes	N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking?	Yes Yes Yes Yes Yes	No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood?	Yes Yes Yes	N N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary:	Yes Yes Yes Yes Yes	No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract:	Yes Yes Yes Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections?	Yes Yes Yes Yes Yes Yes	No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract Do you have difficulty swallowing?	Yes Yes Yes Yes	2 2 2 2
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections?	Yes Yes Yes Yes Yes	No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or	Yes Yes Yes Yes	N N N N N N N N N N N N N N N N N N N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GITract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that	Yes Yes Yes Yes Yes Yes Yes	N N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction?	Yes	No No No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds?	Yes	N N N N
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation?	Yes	No No No No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements?	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Urinary: Have you had urinary tract infections? Have you had kidney stones? Have you had a slow-down in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had kidney inflammation?	Yes	No No No No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GITract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin:	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had a slow-down in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had kidney inflammation? Have you had high or low thyroid?	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements?	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot ee part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had high or low thyroid? The you had high or low thyroid? The you have hot or cold intolerance?	Yes	No No No No No No No No	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot ee part or all of your visual field? Do you have episodes in which you have rouble speaking? Irinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had high or low thyroid? The you have hot or cold intolerance? Iusculoskeletal:	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GITract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin:	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had a slow-down in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had high or low thyroid? To you have hot or cold intolerance? Jusculoskeletal: ave you had arthritis? To your legs hurt or become tired when you	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Drinary: Have you had urinary tract infections? Have you had kidney stones? Have you had a slow-down in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had high or low thyroid? Do you have hot or cold intolerance? Husculoskeletal: Have you had arthritis? Do your legs hurt or become tired when you alk? Have you had can you walk before you have	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had a slow-down in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had high or low thyroid? To you have hot or cold intolerance? Jusculoskeletal: ave you had arthritis? To your legs hurt or become tired when you alk? yes, how far can you walk before you have stop to rest? ave you had ulcers or sores on your legs or	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot nove part of your body? Do you have episodes in which you cannot ee part or all of your visual field? Do you have episodes in which you have rouble speaking? Drinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Have you had kidney inflammation? Have you had high or low thyroid? Do you have hot or cold intolerance? Husculoskeletal: Husculoskeletal: Have you had arthritis? Do your legs hurt or become tired when you alk? Hyes, how far can you walk before you have stop to rest? Have you had uicers or sores on your legs or et? Do your legs swell?	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Have you had a stroke? Have you had seizures? Have you had episodes when you cannot move part of your body? Do you have episodes in which you cannot see part or all of your visual field? Do you have episodes in which you have rouble speaking? Jrinary: Have you had urinary tract infections? Have you had kidney stones? Have you had had blood in your urine? Have you had a slow-down in your kidney unction? Have you had kidney inflammation? Endocrine: Have you had high or low thyroid? Ho you have hot or cold intolerance?	Yes	No N	Have you had asthma? Have you had pneumonia? Have you had bronchitis? Have you coughed up blood? GI Tract: Do you have difficulty swallowing? Does it hurt when you swallow? Have you had indigestion, heartburn, or ulcers? Have you thrown-up blood or material that looks like coffee grounds? Do you have blood in bowel movements? Skin: Have you had any skin rashes?	Yes	