

Patient # \_\_\_\_\_

**CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS:**

**Chest Pains:** Y \_\_\_ N \_\_\_ If Yes, location: Right Side \_\_\_ Center \_\_\_ Left Side \_\_\_

**Type of Pain:** Squeezing \_\_\_ Tightness \_\_\_ Burning \_\_\_ Sharp \_\_\_ Indigestion-Like \_\_\_  
Other \_\_\_\_\_

**Duration of Pain:** Intermittent: \_\_\_ Constant: \_\_\_ Does it Radiate: Y \_\_\_ N \_\_\_

Where does it radiate to \_\_\_\_\_

**Short of Breath:** Yes \_\_\_ No \_\_\_ When At Rest \_\_\_ With Exertion \_\_\_

.....

Fatigue \_\_\_ Edema \_\_\_ Palpitations \_\_\_ Dizziness \_\_\_ Fainting \_\_\_  
Sleep Apnea \_\_\_ Insomnia \_\_\_ Depression \_\_\_ Anxiety \_\_\_ Sinus Congestion \_\_\_  
Ear Pain \_\_\_ Back Pain \_\_\_ Leg Pain \_\_\_ Jaw Pain \_\_\_ Throat Pain \_\_\_

**Abdominal Pain:** Yes \_\_\_ No \_\_\_ If Yes: Sharp \_\_\_ Dull \_\_\_ After Meals \_\_\_

Generalized Pain \_\_\_ Nausea or Vomiting \_\_\_ Diarrhea \_\_\_ Constipation \_\_\_

**Headache:** Y \_\_\_ N \_\_\_ Frontal \_\_\_ Occipital \_\_\_ Sharp \_\_\_ Throbbing \_\_\_ Generalized \_\_\_

**Cough:** Y \_\_\_ N \_\_\_ Productive \_\_\_ Dry \_\_\_ Sputum \_\_\_ Yellow \_\_\_ Green \_\_\_ Clear \_\_\_

.....

**Cardiac Risk Factors:** Smoking \_\_\_ High Blood Pressure \_\_\_ Diabetes Mellitus \_\_\_

High Cholesterol \_\_\_ Family History of Coronary Artery Disease \_\_\_

.....

**Habits:** Tobacco \_\_\_ Number of packs a day \_\_\_ Alcohol \_\_\_ Daily consumption \_\_\_

Illicit Drug Use \_\_\_ Drugs Used \_\_\_\_\_

.....

**Do you have problems with:** Walking \_\_\_ Bathing \_\_\_ Dressing \_\_\_ Shopping \_\_\_

Housework \_\_\_ Paying Bills \_\_\_ Memory \_\_\_ Concentrating \_\_\_ Feeling Unhappy \_\_\_

Transportation \_\_\_ Taking medication \_\_\_ Fixing Meals \_\_\_