

History & Physical Form

Palmetto Cardiology of York County - Harry E. Hicklin, MD

Date: _____ Patient ID #: _____

Patient name _____ Age _____ DOB _____
Referring physician name _____ Phone # _____
Your preferred pharmacy _____ Phone # _____
Primary care physician _____ Phone # _____
Reason for today's visit _____

Cardiac Risk Factors:

High blood pressure _____yes _____no High cholesterol _____yes _____no
Diabetes _____yes _____no Tobacco use _____yes _____no

Family History of early Coronary Artery Disease:

(define as first degree relative with coronary artery disease before age 60)

Does anyone in your family (parents, siblings) have heart disease? _____yes _____no
Has anyone in your family (parents, siblings) had sudden death? _____yes _____no
Has anyone in your family (parents, siblings) had a stroke? _____yes _____no

Past Surgical History:

Date:	Type of Surgery?	What Hospital?
_____	_____	_____
_____	_____	_____
_____	_____	_____

List All hospitalizations you have had within the past five years (other than previous page):

Date:	Facility	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any other major illnesses or diagnoses? If yes, list below:

1. _____ 3. _____
2. _____ 4. _____

Social History:

Single _____ Married _____ Widowed _____ Divorced _____ Separated _____
Occupation: _____ Highest Education Level _____
Do You Drink Alcohol: _____yes _____no
Caffeine use: _____daily _____sometimes _____never

Do you have any medication allergies? ____yes ____no

Please list: 1. _____ Type of reaction? _____

2. _____ Type of reaction? _____

Have you ever had a reaction to shellfish? ____yes ____no

Have you ever had a reaction to X-ray dye? ____yes ____no

Review of Systems - Check if you have had any of the following:

General:

____ Recent illness

____ Weight loss > 10 lbs. in last 6 mos.

____ Weight gain >10 lbs. in last 6 mos.

Head/Ears/Nose/Throat:

____ Headaches

____ Cataracts

____ Decreased hearing

____ Frequent nose bleeding

____ Glaucoma

Heart:

____ Chest pain

____ Congestive heart failure

____ Shortness of breath with exertion

____ Trouble lying flat to sleep because short of breath

____ Passing Out

Lungs:

____ Asthma

____ COPD (bronchitis or emphysema)

GI:

____ History of bleeding

____ Reflux

Psychiatric:

____ History of anxiety

____ History of depression

Neurological:

____ History of mini-stroke/stroke

____ Vertigo/dizziness

Endocrine:

____ History of thyroid disease

Hematologic:

____ History of bleeding disorder

____ History of easy bruising

Vascular:

____ History of blood clots in legs

____ Leg swelling

____ Hands/feet turn blue in cold

____ Legs/buttock pain with walking

Genitourinary:

____ History of kidney dysfunction

____ Frequent urination

____ Painful urination

Medications:

