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**NEW PATIENT HISTORY**

1. NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Age \_\_\_\_\_

2. NAME OF REFERRING PHYSICIAN: \_\_\_\_\_

3. Weight \_\_\_\_\_ B.P. \_\_\_\_\_ P. \_\_\_\_\_ R. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_\_

4. REASON FOR VISIT TODAY: \_\_\_\_\_

5. DATE OF ONSET OF SYMPTOMS: \_\_\_\_\_

6. LIST ALL MEDICATIONS PATIENT IS CURRENTLY TAKING:

1. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK 4. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK

2. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK 5. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK

3. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK 6. \_\_\_\_\_ MG \_\_\_\_\_ TIMES / DAY / WK

7. ALLERGIES (PLEASE LIST ALL): \_\_\_\_\_

8. PAST MEDICAL HISTORY (CHECK ALL THAT APPLIES):

HYPERTENSION \_\_\_\_\_ DATE \_\_\_\_\_ HIGH CHOLESTEROL \_\_\_\_\_ DATE \_\_\_\_\_

HEART ATTACK \_\_\_\_\_ DATE \_\_\_\_\_ IRREGULAR HEARTBEAT \_\_\_\_\_ DATE \_\_\_\_\_

HEART MURMUR \_\_\_\_\_ DATE \_\_\_\_\_ STROKE \_\_\_\_\_ DATE \_\_\_\_\_

CARDIAC CATH \_\_\_\_\_ DATE \_\_\_\_\_ DIABETES \_\_\_\_\_ DATE \_\_\_\_\_

ANGIOPLASTY / STENT \_\_\_\_\_ DATE \_\_\_\_\_ SWELLING OF LEGS/FEET \_\_\_\_\_ DATE \_\_\_\_\_

POOR CIRCULATION \_\_\_\_\_ DATE \_\_\_\_\_ THYROID PROBLEMS \_\_\_\_\_ DATE \_\_\_\_\_

PACEMAKER \_\_\_\_\_ DATE \_\_\_\_\_ ARTHRITIS \_\_\_\_\_ DATE \_\_\_\_\_

ABNORMAL ECHO \_\_\_\_\_ DATE \_\_\_\_\_ LIVER PROBLEMS \_\_\_\_\_ DATE \_\_\_\_\_

HEART FAILURE \_\_\_\_\_ DATE \_\_\_\_\_ STOMACH PROBLEMS \_\_\_\_\_ DATE \_\_\_\_\_

9. PAST SURGICAL HISTORY:

\_\_\_\_\_ DATE \_\_\_\_\_ \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_ \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_ \_\_\_\_\_ DATE \_\_\_\_\_

10. RISK FACTORS:

CHOLESTEROL LEVEL \_\_\_\_\_ DATE CHECKED \_\_\_\_\_

TOBACCO USE \_\_\_\_\_ PKS OR CIGARETTES PER DAY X \_\_\_\_\_ YEARS

ALCOHOL USE \_\_\_\_\_ PER DAY / WEEK / MONTH X \_\_\_\_\_ YEARS

HISTORY OF HEART DISEASE IN PATIENT'S FAMILY (PLEASE LIST ALL) \_\_\_\_\_

11. CONCLUSIONS:

ASSESSMENTS \_\_\_\_\_

PLAN \_\_\_\_\_ RETURN \_\_\_\_\_