Robert Hooker, MD, Erol Belli, MD, John Dunning, MD, Riad Meada MD



Name:	Phone:		
Address:			<u>_</u>
City:	State:	Zip Code:	
Social Security #:			
Marital Status:	Employment:		
E-mail Address:			
Emergency Contact:	Phone:		_
Insurance Name:	Policy #:		Group #:
Name of Subscriber:			/
Relationship to Subscriber:			
Primary Care Physician:	<u>Cardiolog</u>	gist/Pulmonolo	gist:
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
Fax:	Fax:		
Where you referred by your PC	CP or Cardiologist/Pulmonolog	gist? If no, Pleas	se provide:
Posson for your visit:			

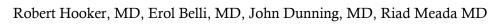
Robert Hooker, MD, Erol Belli, MD, John Dunning, MD, Riad Meada MD



Review of Systems (continue):

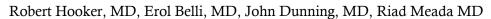
What Medications do you take? Please bring a list of Medications to your appointment.

Name of Medicine		Dose(mg)	How many times per day?	
Allergies:				
Past Medical History:				
[] High Blood Pressure	[] Heart Mu	rmur	[] Valvular Heart Disease	
[] Coronary Artery Disease	[] Emphysei	ma	[] High Cholesterol	
[] Asthma	[] Heart Att	ack	[] Ulcer	
[]COPD	[] Kidney dis	sease	[] Gastric Reflux	
[] Liver Disease	[] Diabetes		[] Anemia	
[] Seizures	[] Cancer		[] Hernia	
[] Stroke	[] Thyroid D	isease	[] Heart Rhythm Disorder	
Other:				





<u>Past Surgical History:</u>		
1	Mon/Yr.:	
2	Mon/Yr.:	
3	Mon/Yr.:	
4	Mon/Yr.:	
5	Mon/Yr.:	
6		
7	Mon/Yr.:	
8	Mon/Yr.:	
Cardiac Procedures:		
	<u>Date</u>	Hospital/ Clinic
Echocardiogram:		
Chest CT Scan/MRI:		
Heart Catheterization:		
Other:		
Smoking History: [] Never smo	1	· • • • • • • • • • • • • • • • • • • •
[] Smoke now- F	How often?	
Alcohol History: [] Never Drinl		_
	ow often?	
Other Drugs:		
G		
Social History:		
Who lives with you now?		
Who would be available to help	you in the event of a major	r operation?
Work History:		_
Occupation:	H	low many years?





<u>Family History:</u>		
	Relationship	Cause of Death?
High Blood Pressure []		
Heart Murmur []		
Coronary Artery Disease []		
Emphysema []		
Asthma []		
Heart Attack []		
Kidney Disease []		
Liver Disease []		
Diabetes []		
Diabetes []		
Seizures []		
Cancer []		
Stroke []		
Thyroid Disease []		

Other: _____



Robert Hooker, MD, Erol Belli, MD, John Dunning, MD, Riad Meada MD

		HEALIH
Review of Syst	tems	
General:	[] Weight gain [] Weight loss [] Weakness [] Fatigue	
	[] Fever [] None	
	[] Other	
Eyes:	[] Redness [] Tearing [] Dryness [] Double Vision	
	[] Cataracts [] Glasses [] Glaucoma [] Pain [] None	
	[] Other	
Ears:	[] Itching [] Vertigo [] Infections [] Decreased Hearing	
	[] Ringing [] Discharge [] Earaches [] None	
	[] Other	
Nose:	[] Recent Cold [] Stuffiness [] Bleeding [] Discharge	
	[] Sinus Infection [] None	
	[] Other	
Mouth:	[] Gum Bleed [] Sore Throats [] Hoarseness [] None	
	[] Other	
Cardiac:	[] Chest Pain [] Murmur	
	[] Irregular Heartbeats [] Fainting	
	[] Palpitations [] None	
	[] Other	
Pulmonary:	[] Cough [] Sputum [] Wheezing	
	[] Asthma [] Shortness of Breath [] None	
	[] Other	
	1	



Robert Hooker, MD, Erol Belli, MD, John Dunning, MD, Riad Meada MD

GI:	[] Constipation [] Nausea [] Heartburn [] Diarrhea [] Rectal Bleeding [] Vomiting [] None
	[] Other:
Skin:	[] Rashes [] Lumps [] Nail change [] Dryness [] Color change
	[] Sore [] Hair loss [] Itching [] None
	[] Other
Neurological:	[] Vertigo [] Numbness [] Weakness [] Tingling [] Black out spells
	[] Dizziness [] Headaches [] Tremors [] Seizure [] None
	[] Other
Psychiatric:	[] Anxiety [] Memory Loss [] Depressed [] Hallucinations
	[] Tension [] Nervousness [] None
	[] Other
Urinary:	[] Urgency [] Frequent urination [] Decreased Stream
	[] Blood in urine [] Incontinence [] None
	[] Other
Blood:	[] Bruising [] Gingival Bleeding [] Thin blood [] None
	[] Other
Bone/Joint:	[] Joint pain [] Backache [] Stiffness
	[] Gout [] Swelling [] None
	[] Other
Endocrine:	[] Heat intolerance [] Cold intolerance [] Frequent Hunger
	[] High Blood sugar [] Sweating [] Thirst [] None
	[] Other
•	