

**Please carefully fill in BOTH SIDES of this form prior to your consultation with your cardiologist**

<b>Surname:</b>		<b>First Name(s):</b>	
<b>Address:</b>			
<b>Date of Birth:</b>			
<b>Occupation:</b>			
<b>Mobile phone number:</b>			
<b>Home phone number:</b>			
<b>Work phone number:</b>			
<b>Email address:</b>			
<b>Private Health Insurance Fund:</b>			
<b>Private Health Insurance Fund Membership Number:</b>			
<b>Medicare card number (10 Digits):</b>			
<b>Number in front of name on Medicare card:</b>		<b>Expiry Date:</b>	
<b>Concession Card Number:</b>		<b>Expiry date:</b>	
<b>DVA Gold Card No:</b>		<b>PMKeys:</b>	
<b>Referring Doctor:</b>			
<b>Usual General Practitioner:</b>			
<b>Name and phone number (next of kin) in case of emergency:</b>			

I, give my permission for any correspondence / results which will assist in my treatment to be sent or faxed (Fax No. 02 6162 1887) to us at the Canberra Heart Clinic.

I have also read the privacy and access policies of this practice and agree to its contents.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete your medical history over the page**

## SYMPTOMS, REASONS FOR REFERRAL, PAST HISTORY

**Past or current symptoms:**  Blackouts  Chest discomfort  Cough  Dizziness  Erectile dysfunction  Fatigue  
 Palpitations  Shortness of breath  Swelling of the ankles

**Other reasons for referral:**  Abnormal cardiac abnormality noted  Arrhythmia  General cardiac assessment  Heart failure  Hypertension  Hypercholesterolaemia  Licence requirement  Planned exercise expedition  Pre-operative assessment  Strong family history of cardiac events  Work medical requirement

**Cancer screening:**  Pap smear  Mammography  PSA  Faecal occult blood

**Past surgery:**  Appendicectomy  Back surgery  Bariatric surgery  Cholecystectomy  Hernia repair  
 Hysterectomy  Joint surgery  Oophorectomy  Splenectomy  Transurethral resection of the prostate  
 Renal transplant

**Cardiac History:**  Atrial fibrillation  Atrial flutter  Atrial septal defect  Bicuspid aortic valve  Congenital heart disease  Cardiomyopathy  Hypertrophic cardiomyopathy  Infective endocarditis  Left ventricular non-compaction  
 Myocarditis  Non-ST segment elevation myocardial infarction  Patent ductus arteriosus  Patent foramen ovale  
 Pericarditis  Postural orthostatic tachycardia syndrome  Rheumatic fever  Spontaneous coronary artery dissection  
 ST segment elevation myocardial infarction  Supraventricular tachycardia  Takotsubo cardiomyopathy  
 Vasodepressor syncope  Ventricular septal defect  Wolff-Parkinson-White syndrome

**Cardiac Procedures:**  Automatic implantable cardio defibrillator  Cardioversion  Coronary stenting  CABGS  
 Cardiac transplantation  EPS study and radiofrequency ablation  Heart valve surgery  Permanent pacemaker

**Psychiatric:**  Attention deficit hyperactivity disorder  Anxiety  Bipolar disorder  Depression  Eating disorder  
 Post-traumatic stress disorder  Schizophrenia

**Respiratory:**  Asbestosis  Asthma  Chronic obstructive airways disease  Bronchiectasis  Emphysema  
 Interstitial lung disease  Obstructive sleep apnoea  Pneumonia  Pneumothorax  Pulmonary artery hypertension  
 Pulmonary embolus  Pulmonary fibrosis  Sarcoidosis  Tuberculosis

**Endocrine:**  Adrenal insufficiency  Autoimmune thyroid disease  Hyperthyroidism  Hyperparathyroidism  
 Hypothyroidism  Hypopituitarism  Osteoporosis  Pagett's disease  Polycystic ovary syndrome  
 Thyroidectomy  Vitamin D deficiency

**Haematological:**  Amyloidosis  Anaemia  Bleeding disorders  B12 deficiency  Deep venous thrombosis  
 Essential thrombocytosis  Factor V Leiden deficiency  Hepatitis B  Hepatitis C  Idiopathic thrombocytopenic purpura  
 Polycythaemia rubra vera  
 Scleroderma  Systemic lupus erythematosus  Thalassemia

**Musculoskeletal:**  Ankylosing spondylitis  Arthritis  Cervical spondylosis  Chronic back pain  Chronic fatigue syndrome  
 Chronic pain syndrome  Ehler-Danlos syndrome  Fibromyalgia  Gout  Joint surgery  Marfan's syndrome  
 Osteoporosis  Polymyalgia rheumatic  Osteoarthritis  Osteomyelitis  Rheumatoid arthritis

**Neurological:**  Alzheimer's disease  Benign intracranial hypertension  Dementia  Epilepsy  Encephalitis  Guillain-barre syndrome  
 Multiple sclerosis  Muscular dystrophy  Parkinson's disease  Polio  Transient ischaemic attack  
 Stroke  Subarachnoid haemorrhage  Subdural haemorrhage

**Gastrointestinal:**  Coeliac disease  Crohn's disease  Diverticulitis  Fatty liver  Gastro-oesophageal reflux  
 Haemachromatosis  Irritable bowel syndrome  Liver disease / cirrhosis  Non-alcoholic steatohepatitis  
 Pancreatitis  Peptic ulcer disease

**Genitourinary / Renal:**  Chronic renal impairment  Benign prostatic hypertrophy  End-stage renal failure  
 Polycystic kidney disease  Pyelonephritis  Recurrent urinary tract infections  Renal calculi

**Vascular:**  Abdominal aortic aneurysm  Aortic dissection  Carotid endarterectomy  Coarctation of the aorta  
 Endovascular abdominal aneurysm repair  Open AAA repair  Peripheral vascular disease  Raynaud's phenomenon

**Ophthalmological:**  Cataract surgery  Glaucoma  Macular degeneration  Retinal detachment

**Cancers:**  Bladder  Breast  Central nervous system  Cervical  Colorectal  Ovary  Melanoma  Leukaemia  
 Liver  Lung  Mesothelioma  Multiple myeloma  Non-Hodgkin lymphoma  Oesophageal  Oral cavity  
 Pancreas  Renal  Stomach  Uterus  Other \_\_\_\_\_

**Other:**  Allergic rhinitis  Benign positional vertigo  Deafness  Herpes zoster  Insomnia  Meniere's disease  
 Obesity

# MEDICATION LIST

MEDICATION NAME	TABLET STRENGTH	NO. OF TABLETS	TIMES TAKEN (Morning or Evening)

Past chemotherapy  \_\_\_\_\_

Past Radiotherapy

## ADVERSE DRUG REACTIONS INCLUDING ANAPHYLAXIS

Asprin  Iodine  Antibiotic


COMPLIANCE WITH CURRENT MEDICATIONS: ALWAYS  MOSTLY  SOMETIMES  NEVER

**CARDIAC RISK FACTORS (PLEASE TICK)**

SMOKER: Current  Ex  Never

HIGH BLOOD PRESSURE: No  Yes

Current cigarettes per day:      Year Quit:      Number of smoking years :      Averaged smoked per day in smoking years:

DIABETES: No  Impaired Glucose Tolerance  Type 1  Type 2  Diet Controlled  Oral Medications  Insulin

HIGH CHOLESTEROL: Yes  No       FAMILY HISTORY OF HEART ATTACK/CORONARY STENT/CABGS: Yes  No

**FAMILY HISTORY: CARDIAC ILLNESSES INCLUDING AGE OF DEATH IF RELEVANT**

MOTHER

FATHER

SIBLINGS

OTHER

**OCCUPATIONAL AND ALCOHOL HISTORY**

Number of standard drinks of alcohol per week

Work related stress

**CHILDHOOD ILLNESSES**

**COUNTRY OF BIRTH AND TRAVEL HISTORY**