

**LONG ISLAND CARDIOLOGY ASSOCIATES**

**NEW PATIENT INFORMATION FORM**

NAME \_\_\_\_\_

Date of Appointment \_\_\_\_\_

Address \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

\_\_\_\_\_

Other Physicians \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Numbers HOME \_\_\_\_\_ WORK \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_

CELL \_\_\_\_\_ OTHER \_\_\_\_\_

GENDER M F

- PURPOSE OF VISIT :
- CONSULTATION : referred by \_\_\_\_\_
  - NEW PATIENT : Cardiovascular evaluation and ongoing management
  - SECOND OPINION : evaluation and recommendations only
  - PRE-OPERATIVE EVALUATION : surgery \_\_\_\_\_
  - TRANSFER OF CARDIOLOGY CARE TO LICA FROM \_\_\_\_\_
  - CARDIAC TESTING \_\_\_\_\_

*Please check all that apply*

APPOINTMENT WITH (circle one) : Dr SEMERTZIDES Dr KHALILI Dr DYCKMAN Dr MERCURIO

MEDICAL ISSUES / CARDIAC CONCERNS / SYMPTOMS:

CURRENT MEDICATIONS                      dose                      how often

MEDICATION ALLERGIES / REACTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHARMACY \_\_\_\_\_ # \_\_\_\_\_

HABITS / LIFESTYLE

- SMOKING  Current \_\_\_\_\_ PPD
- Former \_\_\_\_\_ Quit Date
- Peak use \_\_\_\_\_ PPD
- Years of use \_\_\_\_\_
- NEVER

ALCOHOL (circle one)

Daily    Weekly    Monthly    Rarely    None

<b>CARDIOVASCULAR Procedures , events</b>	Details	
Previous Heart Attack / damage to heart muscle	N	Y
Cardiac Catheterization / diagnostic angiogram	N	Y
Angioplasty / coronary artery stent placement	N	Y
Coronary Artery Bypass Surgery	N	Y
Heart Valve Surgery : replacement or repair	N	Y
OTHER Open Heart Surgery	N	Y
TIA / CVA / Stroke	N	Y
Carotid Artery Surgery	N	Y
Blood Vessel Abnormality / Enlargement / Aneurysm	N	Y
Aneurysm Surgery / Endovascular Repair	N	Y
Peripheral Vascular Bypass Surgery	N	Y
Peripheral Angioplasty	N	Y
Renal Artery Angioplasty	N	Y
Formal Heart Electrical Study (EPS)	N	Y
Electrical Ablation	N	Y
Permanent Pacemaker	N	Y
AICD / Defibrillator	N	Y

**CARDIOVASCULAR Conditions , MEDICAL Conditions** *(check all that apply)*

- Cardiomyopathy : Hypertrophic, Restrictive, Dilated, Idiopathic, Ischemic, Postpartum , \_\_\_\_\_ other
- Congenital Heart Disease: \_\_\_\_\_
- High Blood Pressure
- Abnormal Heart Rhythm \_\_\_\_\_
- High Cholesterol / dyslipidemia
- Mitral Valve Prolapse
- Other Heart Valve Problems \_\_\_\_\_
- Rheumatic Fever as child
- Diabetes \_\_\_\_\_
- Thyroid Disease \_\_\_\_\_
- Emphysema / COPD
- Asthma / Bronchospastic airways :    general    allergy/seasonal    exercise induced
- Reflux / Hiatal hernia
- Cancer \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Kidney Disease \_\_\_\_\_

**EXERCISE PATTERNS / ACTIVITY LEVEL** (circle one)

0	1	2	3	4	5	6	7	8	9	10
Not active Very sedentary			average activity			above active activity			Very active daily and/or vigorous activity	

**DIET / FOOD CHOICES** (circle one)

0	1	2	3	4	5	6	7	8	9	10
Not careful Not heart healthy Fast food / high fat Fried and battered				reasonably careful reasonably heart healthy			very careful very heart healthy fresh fruits / vegetables //whole grains steamed / grilled			

**FAMILY HISTORY OF CARDIOVASCULAR DISEASE**

	Age, if alive	age at death	history , if any
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers	_____	_____	_____
Sisters	_____	_____	_____
Aunts/Uncles	_____	_____	_____
	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____

OTHER CONCERNS :