



**Family History: (First degree relatives – Parents or Siblings Only)**

Heart Failure \_\_\_\_\_

Heart Surgery \_\_\_\_\_

Heart Attack \_\_\_\_\_

Stent in Heart \_\_\_\_\_

Arrhythmia \_\_\_\_\_

Sudden Death \_\_\_\_\_

Other Comments:

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**Past Medical and Surgical History**

Surgery/Medical Condition	Date	Location (Where was it done)

**Previous Cardiovascular Surgery or Procedures:**

	Date	Location of Test
Coronary Stent		
Coronary Artery Bypass		
Cardiac Valve Surgery		
Pacemaker		
Defibrillator		
Cardiac Ablation		

**Previous Investigations:**

	Date	Location of Test
ECG/EKG		
Holter Monitor		
24 HR Blood Pressure Monitor		
Echocardiography		
MUGA Scan		
MIBI		
Stress EKG		
Coronary Angiogram		

**Lifestyle/Social History:**

	Yes	No	How much do you use/do and for how many years
Alcohol			
Illicit Substance			
Marijuana, Cannabis, CBD Oils			
Exercise			
Smoking			
Feeling Stress			
Snoring			