

HISTORY (please check all that apply):

HTN \_\_\_\_\_ DM \_\_\_\_\_ CHOL \_\_\_\_\_ SMOKING \_\_\_\_\_ FAM HX CAD \_\_\_\_\_

PRIOR CAD (STENT/CABG) \_\_\_\_\_ PRIOR STROKE \_\_\_\_\_ KIDNEY DZ \_\_\_\_\_

PRIOR HEART ATTACK \_\_\_\_\_ PRIOR CARDIAC WORKUP \_\_\_\_\_

AFIB \_\_\_\_\_ CONGESTIVE HEART FAILURE \_\_\_\_\_

## **CARDIAC QUESTIONNAIRE**

DATE \_\_\_\_\_

**CHEST PAIN (PRESSURE/TIGHTNESS) YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES,**

**EXERTIONAL? YES \_\_\_\_\_ NO \_\_\_\_\_**

**BETTER W REST? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF APPLICABLE,**

**LIKE BEFORE STENT/BYPASS? YES \_\_\_\_\_ NO \_\_\_\_\_**

**RELIEVED BY NTG? YES \_\_\_\_\_ NO \_\_\_\_\_**

**DESCRIPTION: \_\_\_\_\_**

**SHORTNESS OF BREATH YES \_\_\_\_\_ NO \_\_\_\_\_**

**PALPITATIONS YES \_\_\_\_\_ NO \_\_\_\_\_**

**DIZZINESS, LIGHTHEADEDNESS YES \_\_\_\_\_ NO \_\_\_\_\_**

**PRESYNCOPE (ABOUT TO PASS OUT) YES \_\_\_\_\_ NO \_\_\_\_\_**

**SYNCOPE (PASSED OUT) YES \_\_\_\_\_ NO \_\_\_\_\_**

**EDEMA (SWELLING IN FEET, LEGS) YES \_\_\_\_\_ NO \_\_\_\_\_**

**ORTHOPNEA (SHORTNESS OF BREATH YES \_\_\_\_\_ NO \_\_\_\_\_**

**WHEN LYING DOWN)**

**PAIN IN LEGS (WHEN WALKING OR YES \_\_\_\_\_ NO \_\_\_\_\_**

**STANDING)**

**EXERCISE TOLERANCE: \_\_\_\_\_**

**DR. AGUSALA FILLED THIS QUESTIONNAIRE OUT IN MY PRESENCE,  
REVIEWED THIS DOCUMENT, MY PHYSICAL EXAM FINDINGS AND  
PLAN OF CARE WITH ME PRIOR TO SIGNING.**

**PATIENT SIGNATURE \_\_\_\_\_**

**PATIENT NAME \_\_\_\_\_**