



### MEDICAL HISTORY

- YES NO
- HIGH BLOOD PRESSURE HOW LONG? \_\_\_\_\_
  - HEART ATTACK WHEN? \_\_\_\_\_
  - FAMILY HISTORY/HEART PROBLEMS
  - PREVIOUS HEART DISEASE/ PROBLEM? \_\_\_\_\_  
WHAT TYPE? \_\_\_\_\_
  - HEART CATHETERIZATION WHEN? \_\_\_\_\_
  - HEART FAILURE WHEN? \_\_\_\_\_
  - IRREGULAR PULSE
  - HEART MURMUR
  - NOSE BLEEDS
  - STROKE
  - HIGH CHOLESTEROL
  - DIABETES
  - THYROID PROBLEMS
  - LUNG PROBLEMS
  - GASTROINTESTINAL PROBLEMS
  - HEPATITIS
  - RHEUMATIC FEVER
  - ANEMIA
  - SCARLET FEVER
  - ARTHRITIS
  - SEIZURES
  - DRUG USE TYPE: \_\_\_\_\_

### PAST MEDICAL HISTORY

ILLNESSES: \_\_\_\_\_

OPERATIONS: \_\_\_\_\_

### SOCIAL HISTORY

OCCUPATION: \_\_\_\_\_

DO YOU EXERCISE: \_\_\_\_\_ TYPE: \_\_\_\_\_

TOBACCO USE:  YES  NO  PAST

TYPE:  CIGS  CIGARS  CHEWING

AMOUNT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CAFFEINE USE: YES, #/DAY \_\_\_\_\_ NO \_\_\_\_\_

ALCOHOL USE:  YES  NO  PAST

# DRINKS DAILY \_\_\_ WEEKLY \_\_\_ MO \_\_\_

TYPE \_\_\_\_\_

### FAMILY HISTORY

FATHER: AGE \_\_\_\_\_ DECEASED AT AGE \_\_\_\_\_ REASON \_\_\_\_\_

HISTORY OF: HEART DISEASE \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_ DIABETES \_\_\_\_\_

VASCULAR DISEASE \_\_\_\_\_ OTHER \_\_\_\_\_

MOTHER: AGE \_\_\_\_\_ DECEASED AT AGE \_\_\_\_\_ REASON \_\_\_\_\_

HISTORY OF: HEART DISEASE \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_ DIABETES \_\_\_\_\_

VASCULAR DISEASE \_\_\_\_\_ OTHER \_\_\_\_\_

BROTHERS: NUMBER \_\_\_\_\_ LIVING \_\_\_\_\_ DECEASED \_\_\_\_\_

DECEASED AT AGE(S) \_\_\_\_\_ REASONS \_\_\_\_\_

HISTORY OF: HEART DISEASE \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_ DIABETES \_\_\_\_\_

VASCULAR DISEASE \_\_\_\_\_ OTHER \_\_\_\_\_

SISTERS: NUMBER \_\_\_\_\_ LIVING \_\_\_\_\_ DECEASED \_\_\_\_\_ DECEASED AT AGE(S) \_\_\_\_\_

REASONS \_\_\_\_\_

HISTORY OF: HEART DISEASE \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_ DIABETES \_\_\_\_\_

VASCULAR DISEASE \_\_\_\_\_ OTHER \_\_\_\_\_

**PREVIOUS CARDIOLOGIST**

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**WHAT RECENT TESTING HAVE YOU HAD DONE ?** \_\_\_\_\_

**ARE YOU A SEASONAL RESIDENT?** \_\_\_\_\_

**IF YOU ARE A SEASONAL RESIDENT:**

**PLEASE SIGN A “RELEASE OF INFORMATION” FORM AT YOUR DOCTOR’S OFFICE BEFORE YOU LEAVE DIRECTING YOUR PHYSICIAN TO SEND FHA COPIES OF YOUR RECORDS TO KEEP ON FILE WHILE YOU ARE IN FLORIDA.**

**IS THERE ANY OTHER INFORMATION THAT YOU THINK YOUR DOCTOR SHOULD KNOW?**

---

---

---

---

---

---

---

---