



Arizona Cardiovascular & Thoracic Surgeons, P.L.L.C.

Initial Patient Intake

- Dr Riley
- Dr. Macherla

Date of Visit: _____

Patient Name: _____

Cardiologist: _____

Pulmonologist: _____

Primary care Physician: _____

To help us better take care of our patients, we would like you to please take time and fill out this form. Your surgeon will review this with you. It will become a part of your confidential record. Thank you.

Age	
BP	
HR	
RR	
O2 sats	
Height	
Weight	

Please describe the reason for your visit. History of present illness:

What medications and dosages do you take? Include prescription and over the counter meds.

See attached list.

List any drug or medication allergies and the reaction you get with it

See attached list.

Family History:

What (if anything) runs in your family?

1st degree relatives only.

<input type="checkbox"/> Heart attack	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Valve disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Emphysema
<input type="checkbox"/> Vascular disease	<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Father is Alive / Dead ; Age: _____ Cause: _____

Mother is Alive / Dead ; Age: _____ Cause: _____

Brothers or sisters with medical conditions: _____

Social History:

- Are You: Single / Married/ Divorced/ Widowed
- Significant others name: _____
- What is your occupation? _____
- Do you now, or have you ever used tobacco? (Cigarettes, cigars, chewing tobacco) **Yes / No**
 - How many packs of cigarettes per day? _____
 - If you quit, when did you quit? _____
- Do you drink alcohol? (Beer, wine, liquor...) **Yes / No**

Medical History:

List all conditions for which you are treated, see a physician, or take medicines. List all prior operations, hospitalizations and dates	

Review of Systems

General/Constitutional

- Fever
- Chills
- Malaise
- Drop in Energy level
- Fatigue
- Insomnia
- Loss of appetite
- Weakness
- Weight change
- Unintentional Weight gain
- Unintentional Weight loss

Cardiovascular History

- atrial fibrillation
- hypertension
- myocardial infarction or heart attack
- palpitations
- poor circulation
- prior angioplasty
- prior bypass surgery
- pacemaker
- Rheumatic Fever

Cardiovascular

- Chest pain/pressure/ squeezing/ tightness/ angina
- Palpitations / Irregular heart beat
- Murmurs
- Light headed
- Dizziness
- Fainting
- Near Syncope
- Syncope
- Claudication/ cramping or pain in legs, hips, buttocks while walking
- Cold extremities
- Varicose veins
- Leg edema/ Swelling of ankles

Respiratory

- History of asthma/chronic obstructive pulmonary disease (COPD)
- Wheezing/ Emphysema/ Bronchitis
- Excessive Sputum/ mucous
- Chronic cough
- Blood-tinged sputum/ Hemoptysis/ Do you cough up any blood?
- Chest congestion
- Dyspnea on exertion/ Shortness of breath with exertion
- Orthopnea /How many pillows do you sleep with? _____
- Oxygen requirement
- PND (paroxysmal nocturnal dyspnea) Do you wake up short of breath?
- Shortness of breath
- Sleep apnea
- Tuberculosis
- Valley Fever
- Tobacco use/ cigarettes/ cigars/ chewing tobacco
- Exposure to asbestos

Ophthalmologic

- Blurred vision
- Double vision
- Cataracts
- Glaucoma
- Retinopathy
- Blindness
- Macular degeneration
- Change in vision
- Watery eyes
- Wears glasses/contact lenses

Endocrine

- Diabetes
- Polydipsia/ Excessive thirst
- Polyuria/ Excessive urination
- Cold intolerance
- Heat intolerance
- Thyroid disorder
- Hot flashes
- Menopause



Gastrointestinal

- Heartburn / Acid reflux/ Indigestion
- Dysphagia/ Pain or Difficulty swallowing
- Nausea
- Vomiting
- Change in bowel habits
- Chronic Constipation
- Chronic Diarrhea
- Bright red blood in stool
- Melena/black or tarry stools
- Appetite change
- Abdominal pain
- Early Satiety/ get filled up quickly
- Hematemesis

Genitourinary

- Dysuria / Pain or burning with urination
- Hematuria/ Blood in urine
- Weak urine stream
- Difficulty urinating
- Urinary incontinence
- Previous Urinary tract infections (UTI)
- Recurrent Urinary Tract Infection (UTI)
- BPH/ Obstructive symptoms
- Erectile dysfunction
- Kidney disease
- Kidney stones

Neurologic

- Headache/ Migraines
- Confusion/ dementia
- Memory loss
- Incoordination
- Balance difficulty
- Peripheral neuropathy/ pain/ numbness in feet/hands
- Vertigo/ Dizziness
- Fainting
- Loss of consciousness
- Seizures
- Restless leg symptoms
- Tingling/numbness
- Tremor
- Weakness
- CVA/ Strokes
- TIA/ mini strokes
- Amaurosis Fugax/ blindness in one eye

Musculoskeletal

- Arthritis
- Back pain
- Bone pain
- Muscle weakness
- Myalgias/ Muscle aches
- Sciatica
- Leg claudication
- Leg cramps
- Need a cane or walker to walk

Hematology

- Abnormal bleeding
- Easy bruising
- Easy bleeding
- Abnormal clotting
- Rx blood thinners
- Anemia
- Leukemia
- Enlarged lymph nodes
- Slow healing
- Blood transfusion
- Phlebitis
- DVT/deep vein thrombosis

Psychiatric

- Anxiety
- Depression
- Sleep disturbances
- Insomnia
- Irritability
- Nervousness
- High stress level
- Are you receiving counseling?

Skin

- Healing problems
- Keloid formation
- rash
- Skin cancer
- Melanoma
- Suspicious moles
- Suspicious lesions

