



Established Patient Medical Questionnaire

Date: _____

Patient Name: _____ DOB: _____ AGE: _____

Family physician: _____ Last Seen? _____

Other physicians that care for you: _____

Reason for today's visit: routine follow-up hospital follow-up urgent work-in

Chief Complaint(What problems are you here for today?): _____

Last HeartPlace Physician Encounter? Date: _____ Setting: office hospital ER

Since your last visit with us have you had any...? Comments

- New illnesses?
Hospitalizations or ER visits
Surgical procedures?
Drug allergies/reactions?
Started or continued to smoke?
Alcohol consumption?
Caffeine consumption?
Exercise?
Home exercise equipment?
Special diet?
Home blood pressure measurement?
Blood work done?
Cholesterol checked?
Medication refills needed?

Since your last visit with us have you experienced any...?

- Chest pain or pressure?
Shortness of breath?
Difficulty breathing while laying flat?
Awakening with breathing difficulty?
Swelling in feet/ankles?
Palpitations? (heart racing, skipping)
Nearly passing out spells?
Passing out spells?
Recurrent Dizziness?
Weight gain?
Weight loss?
Increased stress?