



**VERY IMPORTANT
PLEASE READ VERY CAREFULLY**

IT IS YOUR RESPONSIBILITY TO OBTAIN ALL OF YOUR MEDICAL RECORDS PRIOR TO YOUR APPOINTMENT AND BRING THOSE RECORDS WITH YOU TO YOUR APPOINTMENT. THE PHYSICIAN NEEDS ALL INFORMATION ABOUT YOUR PAST MEDICAL HISTORY TO MAKE A DIAGNOSIS AND RECOMMENDATIONS. IF YOU DO NOT BRING YOUR RECORDS TO YOUR APPOINTMENT, YOUR EVALUATION MAY BE INCOMPLETE AND YOU WILL NEED TO BE SCHEDULED FOR A RETURN VISIT TO GO OVER YOUR RECORDS.

Please answer the following questions regarding your medical history:

Have you had an EKG (heart tracing) done in the last year?

IF YES, PLEASE OBTAIN A COPY OF THE REPORT

Have you had a chest x-ray performed in the last year?

IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

Have you had any of the following cardiac procedures?

IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

Heart Surgery

PTCA/Angioplasty

Heart Catheterization

Rotoblater

Heart Stent

Pacemaker or Defibrillator Implant

Ablation

Have you ever had any of the following tests?

IF YES, PLEASE OBTAIN A COPY OF THE REPORT.

Echocardiogram (sound wave test of the heart)

Treadmill/Nuclear Treadmill

Holter Monitor

Carotid (sound wave test of the neck arteries)

Venous (sound wave test of the veins in the arms or legs)

Arterial (sound wave test of the arteries in the arms or legs)

Have you had any blood work done in the last year?

IF YES, WE WILL NEED COPIES OF THE LAB RESULTS.

**IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS,
PLEASE OBTAIN COPIES AND BRING TO YOUR APPOINTMENT.**