



Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology
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Patient name: _____ Date of Birth: _____ Date: _____

Review of Systems (please check if you have any of the following)

General

- Daytime sleepiness
- Weakness
- Weight Gain
- Weight Loss

Cardiovascular

- Chest pain
- Fainting
- Heart racing (palpitations)
- Swelling in feet/legs (peripheral)

Respiratory

- Cough
- Excessive snoring
- Shortness of breath
- Wheezing

Neurologic

- Dizziness (lightheadedness)
- Morning headaches

Gastro-Intestinal

- Constipation
- Diarrhea
- Bloody stools
- Indigestion
- Dark tarry stools
- Nausea/Vomiting

Genital-Urinary

- Difficult urination (dysuria)
- Blood in urine (hematuria)

Musculo-Skeletal

- Leg pain
- Muscle cramps

Dermatologic

- Non-healing ulcer
- Scar to chest
- Scar to leg

Ears, Nose, Throat

- Hoarseness
- Nosebleed

Psychiatric

- Anxiety
- Depression

Allergies

- Allergic to iodine
- Allergic to medications
- Allergic to shellfish
- Allergic to dye

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