



CARDIOLOGY SOUTHWEST, P.C.
PROFESSIONAL CARDIAC CARE

61 North St. Joseph Ave. Niles, MI 49120 • Tel: 269-684-6777 • Fax: 269-683-5384
4077 S. Cleveland St. Joseph, MI 49085 • Tel: 269-428-9980
J. Douglas Huggett, D.O. • Ogubay T. Mesmer, M.D. • April Huggett, PA-C

Name: _____

Date: _____

Ref. Dr.: _____

Why are seeing the cardiologist? _____

Check off any heart problems or symptoms:

- Heart Attack
- Angina
- High Blood Pressure
- Heart Murmur
- Rheumatic Fever
- Arrhythmia (Abnormal Rhythm)
- Palpitations, irregular heartbeats
- Fainting
- Enlarged Heart
- Chest Pains or Pressure
- Shortness of Breath
- Dizziness
- Swollen Legs
- Heart Failure
- Blue Lips or Fingernails
- Leg Cramps when you walk

Have you ever had:

- A Stress Test
- An Echocardiogram
- Cardiac Catheterization
- Coronary Angioplasty/Stent
- Coronary Bypass Surgery
- Valve Surgery
- An Electrophysiology Study or Procedure
- A Pacemaker or Defibrillator

Tell us about your risk of heart disease.

Please check if you have:

- High Blood Pressure
- High Cholesterol
- Ever Smoked
- Diabetes

Do you take aspirin (not Tylenol) on a regular basis? _____

If you are a woman, have you passed menopause? _____

At what age? _____

Are you on estrogen replacement therapy? _____

Are you allergic to any medications? If so, list them:

Health Habits:

Do you exercise (including walking)? _____

Do you smoke? _____ Ever Smoke? _____

Pack(s)/day? _____ How many years? _____

How much alcohol do you drink? _____

Do you use any illicit drugs? _____

Are you being treated now, or ever been treated for any illness(es)? List them:

Have you had any operations? Any injuries?

Check if any family members have :

- Heart Problems
- High Blood Pressure
- Diabetes
- Cancer

Has a close family member had a heart attack, angina, or bypass surgery? _____

Who? _____

Are there any other health problems in your family?

Reviewed by Provider

Date