

Please carefully fill in ALL PAGES of this form prior to your appointment

Surname:	First Name(s):
Address:	
Date of Birth:	
Occupation:	
Mobile phone number:	
Home phone number:	
Work phone number:	
Email address:	
Private Health Insurance Fund:	
Private Health Insurance Fund Membership Number:	
Medicare card number (10 Digits):	Reference Number:
Medicare Expiry Date:	
Concession Card Number:	Expiry date:
DVA Gold Card No:	PMKeys:
Referring Doctor:	
Usual General Practitioner:	
Name and phone number (next of kin) :	

I, _____, give my permission for any correspondence / results which will assist in my treatment to be sent by email (reception@canberraheart.com.au) or fax (Fax No. 02 6162 1887) to the Canberra Heart Clinic. I have also read the privacy and access policies of this practice and agree to its contents.

Signed: _____

Date:

MEDICAL HISTORY (PLEASE COMPLETE PRIOR TO APPOINTMENT)

PAST OR CURRENT SYMPTOMS:

- ☐ Blackouts ☐ Chest discomfort ☐ Dizziness ☐ Erectile dysfunction ☐ Fatigue
☐ Palpitations ☐ Shortness of breath ☐ Leg swelling

OTHER REASONS FOR REFERRAL:

- ☐ Abnormal ECG ☐ General cardiac assessment ☐ Heart failure ☐ Hypertension ☐ Hypercholesterolaemia
☐ Licence requirement ☐ Planned exercise expedition ☐ Pre-operative assessment ☐ Strong family history of cardiac events
☐ Work medical requirement

PAST SURGERY:

- ☐ Ovarian / Uterine surgery ☐ Back surgery ☐ Bariatric surgery ☐ Prostate surgery ☐ Bladder surgery
☐ Hysterectomy ☐ Joint surgery ☐ Transplant of any organ

CARDIAC HISTORY:

RHYTHM -

- ☐ Atrial fibrillation ☐ Atrial flutter ☐ Supraventricular tachycardia ☐ Wolff- Parkinson-white syndrome
☐ Syncope / Blackout ☐ Postural orthostatic tachycardia syndrome

STRUCTURAL -

- ☐ Atrial septal defect ☐ Ventricular septal defect ☐ Bicuspid aortic valve ☐ Congenital heart disease
☐ Patent ductus arteriosus ☐ Patent foramen ovale ☐ Hypertrophic cardiomyopathy
☐ Left ventricular non - compaction ☐ Infective endocarditis

VASCULAR/ CARDIAC INJURY-

- ☐ Myocarditis ☐ Pericarditis ☐ Rheumatic fever ☐ Spontaneous coronary artery dissection
☐ ST segment elevation myocardial infarction ☐ Takotsubo cardiomyopathy

CARDIAC PROCEDURES:

- ☐ Automatic implantable cardio defibrillator ☐ Cardioversion ☐ Coronary stenting
☐ Coronary artery bypass surgery ☐ Cardiac transplantation ☐ EPS study and radiofrequency ablation
☐ Heart valve surgery ☐ Permanent pacemaker

PSYCHIATRIC:

- ☐ Attention deficit hyperactivity disorder ☐ Anxiety ☐ Bipolar disorder ☐ Depression ☐ Eating disorder
☐ Post-traumatic stress disorder ☐ Schizophrenia

RESPIRATORY:

- ☐ Asbestosis ☐ Asthma ☐ Chronic obstructive airways disease ☐ Bronchiectasis ☐ Emphysema
☐ Interstitial lung disease ☐ Obstructive sleep apnoea ☐ Pneumonia ☐ Pneumothorax ☐ Pulmonary artery hypertension
☐ Pulmonary embolus ☐ Sarcoidosis ☐ Pulmonary fibrosis ☐ Tuberculosis

OPHTHALMOLOGICAL:

- ☐ Cataract surgery ☐ Glaucoma ☐ Macular degeneration ☐ Retinal detachment

ENDOCRINE:

- ☐ Adrenal insufficiency ☐ Haemochromatosis ☐ Hyperthyroidism ☐ Hyperparathyroidism ☐ Hypothyroidism
☐ Hypopituitarism ☐ Osteoporosis ☐ Paget's disease ☐ Polycystic ovary syndrome ☐ Thyroidectomy ☐ Vitamin D deficiency

OTHER:

- ☐ Allergic rhinitis ☐ Benign positional vertigo ☐ Deafness ☐ Herpes Zoster
☐ Insomnia ☐ Meniere's disease

MEDICAL HISTORY (PLEASE COMPLETE PRIOR TO APPOINTMENT)

HAEMATOLOGICAL:

- ☐ Amyloidosis ☐ Anaemia ☐ Bleeding disorders ☐ B12 deficiency ☐ Deep venous thrombosis ☐ Essential thrombocytosis
☐ Factor V Leiden deficiency ☐ Idiopathic Thrombocytopenic Purpura ☐ Polycythaemia rubra vera ☐ Thalassemia

MUSCULOSKELETAL:

- ☐ Ankylosing spondylitis ☐ Scleroderma ☐ Cervical spondylosis ☐ Chronic back pain ☐ Chronic fatigue syndrome
☐ Systemic lupus erythematosus ☐ Ehler-Danlos syndrome ☐ Fibromyalgia ☐ Gout ☐ Joint surgery ☐ Marfan's syndrome
☐ Osteoporosis ☐ Polymyalgia rheumatica ☐ Osteoarthritis ☐ Osteomyelitis ☐ Rheumatoid arthritis ☐ Raynaud's disease

NEUROLOGICAL:

- ☐ Alzheimer's disease ☐ Dementia ☐ Epilepsy ☐ Encephalitis ☐ Multiple sclerosis ☐ Muscular dystrophy
☐ Parkinson's disease ☐ Transient ischaemic attack ☐ Stroke ☐ Subarachnoid haemorrhage

GASTROINTESTINAL:

- ☐ Coeliac disease ☐ Crohn's disease ☐ Gastro-oesophageal reflux ☐ Haemochromatosis ☐ Pancreatitis
☐ Irritable bowel syndrome ☐ Liver disease / cirrhosis ☐ Non-alcoholic steatohepatitis ☐ Peptic ulcer disease

GENITOURINARY / RENAL:

- ☐ Chronic renal impairment ☐ Benign prostatic hypertrophy ☐ End-stage renal failure ☐ Polycystic kidney disease ☐ Dialysis
☐ Renal calculi

VASCULAR:

- ☐ Abdominal aortic aneurysm repair ☐ Aortic dissection ☐ Carotid endarterectomy ☐ Coarctation of the aorta
☐ Endovascular abdominal aneurysm repair ☐ Peripheral vascular disease ☐ Raynaud's phenomenon

CANCERS:

- ☐ Breast ☐ Melanoma ☐ Leukaemia ☐ Lung ☐ Lymphoma ☐ Oesophageal ☐ Multiple myeloma ☐ Renal ☐ Other

ADVERSE DRUG REACTIONS INCLUDING ANAPHYLAXIS

Asprin ☐ Iodine ☐ Antibiotic ☐

COMPLIANCE WITH CURRENT MEDICATIONS: ALWAYS ☐ MOSTLY ☐ SOMETIMES ☐ NEVER ☐

CARDIAC RISK FACTORS (PLEASE TICK)

SMOKER: Current ☐ Ex ☐ Never ☐

HIGH BLOOD PRESSURE: No ☐ Yes ☐

Current cigarettes per day: Year Quit: Number of smoking years : Averaged smoked per day in smoking years:

DIABETES: No ☐ Impaired Glucose Tolerance ☐ Type 1 ☐ Type 2 ☐ Diet Controlled ☐ Oral Medications ☐ Insulin ☐

HIGH CHOLESTEROL: Yes ☐ No ☐

FAMILY HISTORY OF HEART ATTACK/CORONARY STENT/CABGS: Yes ☐ No ☐

FAMILY HISTORY: CARDIAC ILLNESSES INCLUDING AGE OF DEATH IF RELEVANT

MOTHER

FATHER

SIBLINGS

OTHER

OCCUPATIONAL AND ALCOHOL HISTORY

Number of standard drinks of alcohol per week:

Work related stress ☐

CHILDHOOD ILLNESSES

COUNTRY OF BIRTH AND RECENT TRAVEL HISTORY