

Please carefully fill in ALL PAGES of this form prior to your cardiologist 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 Takotsuno 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 Pagett'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 rheumatic 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:

- C oeliac disease Crohn's disease Gastro-oesophageal reflux Haemachromatosis 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**

