

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

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

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:**

- |                                       |  |                                       |   |                                  |
|---------------------------------------|--|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Blackouts    | <input type="checkbox"/> Chest discomfort    | <input type="checkbox"/> Dizziness    | <input type="checkbox"/> Erectile dysfunction | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Leg swelling |   |                                  |

### **OTHER REASONS FOR REFERRAL:**

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Abnormal ECG             | <input type="checkbox"/> General cardiac assessment  | <input type="checkbox"/> Heart failure            | <input type="checkbox"/> Hypertension                            | <input type="checkbox"/> Hypercholesterolaemia |
| <input type="checkbox"/> Licence requirement      | <input type="checkbox"/> Planned exercise expedition | <input type="checkbox"/> Pre-operative assessment | <input type="checkbox"/> Strong family history of cardiac events |  |
| <input type="checkbox"/> Work medical requirement |  |   |  |  |

### **PAST SURGERY:**

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Ovarian / Uterine surgery | <input type="checkbox"/> Back surgery  | <input type="checkbox"/> Bariatric surgery       | <input type="checkbox"/> Prostate surgery | <input type="checkbox"/> Bladder surgery |
| <input type="checkbox"/> Hysterectomy              | <input type="checkbox"/> Joint surgery | <input type="checkbox"/> Transplant of any organ |   |  |

### **CARDIAC HISTORY:**

#### **RHYTHM -**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Atrial flutter                            | <input type="checkbox"/> Supraventricular tachycardia | <input type="checkbox"/> Wolff- Parkinson-white syndrome |
| <input type="checkbox"/> Syncope / Blackout  | <input type="checkbox"/> Postural orthostatic tachycardia syndrome |   |  |

#### **STRUCTURAL -**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Atrial septal defect              | <input type="checkbox"/> Ventricular septal defect | <input type="checkbox"/> Bicuspid aortic valve       | <input type="checkbox"/> Congenital heart disease |
| <input type="checkbox"/> Patent ductus arteriosus          | <input type="checkbox"/> Patent foramen ovale      | <input type="checkbox"/> Hypertrophic cardiomyopathy |   |
| <input type="checkbox"/> Left ventricular non - compaction | <input type="checkbox"/> Infective endocarditis    |  |   |

#### **VASCULAR/ CARDIAC INJURY-**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Myocarditis                                | <input type="checkbox"/> Pericarditis             | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Spontaneous coronary artery dissection |
| <input type="checkbox"/> ST segment elevation myocardial infarction | <input type="checkbox"/> Takotsubo cardiomyopathy |  |   |

### **CARDIAC PROCEDURES:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Automatic implantable cardio defibrillator | <input type="checkbox"/> Cardioversion           | <input type="checkbox"/> Coronary stenting                     |
| <input type="checkbox"/> Coronary artery bypass surgery             | <input type="checkbox"/> Cardiac transplantation | <input type="checkbox"/> EPS study and radiofrequency ablation |
| <input type="checkbox"/> Heart valve surgery                        | <input type="checkbox"/> Permanent pacemaker     |  |

### **PSYCHIATRIC:**

- |   |  |   |                                     |  |
|---|--|---|-------------------------------------|--|
| <input type="checkbox"/> Attention deficit hyperactivity disorder | <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Post-traumatic stress disorder           | <input type="checkbox"/> Schizophrenia |   |                                     |  |

### **RESPIRATORY:**

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Asbestosis                | <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Chronic obstructive airways disease | <input type="checkbox"/> Bronchiectasis | <input type="checkbox"/> Emphysema                     |
| <input type="checkbox"/> Interstitial lung disease | <input type="checkbox"/> Obstructive sleep apnoea | <input type="checkbox"/> Pneumonia                           | <input type="checkbox"/> Pneumothorax   | <input type="checkbox"/> Pulmonary artery hypertension |
| <input type="checkbox"/> Pulmonary embolus         | <input type="checkbox"/> Sarcoidosis              | <input type="checkbox"/> Pulmonary fibrosis                  | <input type="checkbox"/> Tuberculosis   |  |

### **OPHTHALMOLOGICAL:**

- |   |                                   |   |   |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> Cataract surgery | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Macular degeneration | <input type="checkbox"/> Retinal detachment |
|---|-----------------------------------|---|---|

### **ENDOCRINE:**

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Adrenal insufficiency | <input type="checkbox"/> Haemochromatosis | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Hyperparathyroidism       | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Hypopituitarism       | <input type="checkbox"/> Osteoporosis     | <input type="checkbox"/> Paget's disease | <input type="checkbox"/> Polycystic ovary syndrome | <input type="checkbox"/> Thyroidectomy  |
| <input type="checkbox"/> Vitamin D deficiency  |   |  |  |   |

### **OTHER:**

- |  |  |                                   |  |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Allergic rhinitis | <input type="checkbox"/> Benign positional vertigo | <input type="checkbox"/> Deafness | <input type="checkbox"/> Herpes Zoster |
| <input type="checkbox"/> Insomnia          | <input type="checkbox"/> 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

[illegible]

## 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
