



## Advanced Cardiovascular Consultants, Inc.

Date of office visit \_\_\_\_\_

ACC Physician: ☐ Dr. David Smith  
☐ Dr. Krishnan Sundararajan  
☐ Dr. Augustus Beck

Patient Name \_\_\_\_\_

1. Do you need medication refills? ☐ Yes or ☐ No
2. What local pharmacy do you use? \_\_\_\_\_
3. Allergies (list all): \_\_\_\_\_ or ☐ No known allergies
4. Hospitalizations and/or surgeries within the last year: \_\_\_\_\_
5. Tobacco use? ☐ No ☐ Yes \_\_\_\_\_ packs/day. If quit, when: \_\_\_\_\_
6. Alcohol use? ☐ No ☐ Yes: ☐ Social ☐ Moderate ☐ Daily: \_\_\_\_\_ /day
7. Please check all recent symptoms that apply:

### Constitutional

- ☐ Fever
- ☐ Sweats
- ☐ Chills
- ☐ Weight loss > 5 lbs
- ☐ Ringing in ears
- ☐ Frequent nose bleeds

### Cardiovascular / Respiratory

- ☐ Chest pain and/or discomfort
- ☐ Shortness of breath
  - ☐ At rest
  - ☐ With exertion
  - ☐ At night
- ☐ Wheezing
- ☐ Sputum production
- ☐ Coughing
  - ☐ With Blood
- ☐ Ankle swelling
- ☐ Leg swelling
- ☐ Palpitations
- ☐ Lightheadedness
- ☐ Loss of consciousness
- ☐ Restless legs
- ☐ Leg discomfort/pain/pressure/burning
- ☐ Varicose veins

### Skin

- ☐ Rash
- ☐ Ulcers
- ☐ Discoloration

### Urinary / Bladder

- ☐ Dysuria (painful urination)
- ☐ Hematuria (blood in urine)
- ☐ Nocturia (night urination)
- ☐ Frequency
- ☐ Urgency

### Gastrointestinal

- ☐ Nausea
- ☐ Vomiting
- ☐ Heartburn / Indigestion
- ☐ Difficulty swallowing
- ☐ Abdominal pain
- ☐ Constipation
- ☐ Diarrhea
- ☐ Rectal bleeding
- ☐ Black stools

### Endocrine

- ☐ Heat intolerance
- ☐ Cold intolerance
- ☐ Excessive thirst

### Musculoskeletal

- ☐ Weakness
- ☐ Muscle aches
- ☐ Arthritis

### Neurological

- ☐ Headaches
- ☐ Dizziness

Mastectomy: No Yes: Right Left B/L