



Baylor Scott & White

COTTONWOOD CARDIOLOGY

A member of HealthTexas Provider Network

Patient Name: _____ DOB: _____ ACCT: _____

Please check the box if any of the following applies to you:

Medical History:

- Alcoholism Anemia Arthritis Asthma Bleeding Disorder
- Cancer COPD Depression Diabetes DVT
- GERD GI Bleed Hepatitis Liver Disease Osteoporosis
- Renal Failure Thyroid Disease Seizures Stroke Other: _____

Cardiac/Vascular History and approximate date: NONE

- Aneurysm _____
- Ablation _____ Cardiac Cath _____
- Bypass-Heart _____ Coronary Artery Disease _____
- CHF _____ High Blood Pressure _____
- Hyperlipidemia _____ Pacemaker Implant _____
- Marfan's Syndrome _____ PTCA/Stent _____
- Valve Replacement _____ Arrhythmia _____
- Carotid Endarterectomy _____ Femoral Bypass _____
- ICD/Defibrillator Implant _____ Peripheral Vascular Disease _____
- Transplant heart _____ Other _____

Surgical History: NONE

- Abdominal Surgery Appendectomy Breast Surgery Cancer Surgery
- C-Section Gallbladder Surgery Hysterectomy
- Hip Replacement _____ Knee Replacement (R, L) _____
- Other _____

Please turn over and complete back page ➔

Social History:

Tobacco use: Never Yes __ packs per day Former, quit date: _____

Cigarettes Pipe Cigars Electronic Cigarette

Alcohol use: Never Socially Yes Drinks per day _____

Wine Beer Liquor

Family History:

Is there a family history of heart disease?

- Mother (age): _____ Explain: _____
- Father (age): _____ Explain: _____

Pharmacy: _____

Present Medications: NONE

Aspirin 81mg 325mg Eliquis 2.5mg 5mg Plavix 75mg

Xarelto 15mg 20mg Warfarin: _____

1. _____ Dosage: _____
2. _____ Dosage: _____
3. _____ Dosage: _____
4. _____ Dosage: _____
5. _____ Dosage: _____

Medication Allergies: NONE

Penicillin Morphine Sulfa Codeine

1. _____
2. _____
3. _____
4. _____

Please initial one of the following:

_____ I WILL ALLOW Cottonwood Cardiology access and may use prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment.

_____ I WILL NOT ALLOW Cottonwood Cardiology access to my prescription medication history.