

## Internal Medicine Associates CARDIAC QUESTIONNAIRE

As your physicians, we are greatly concerned with your well-being and health. We also know that we may forget to ask a question that needs to be answered or you may forget to bring up an episode that occurred last week, month or several months ago. Please assist us and take a moment to answer the following questions. This will help us to provide you with the highest level of medical care possible. Thank you.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Please check the following symptoms (if any) that you may experience:**

- \_\_\_ 1. Dizziness, Light Headedness, "weak spells", fainting
- \_\_\_ 2. "Pounding in the chest", Palpitations, Fluttering or Flip Flop
- \_\_\_ 3. Chest Pain, Tightness, Heaviness in the Chest, Indigestion-Like Pain
- \_\_\_ 4. Shortness of Breath, Sensations of Choking, Intermittent Jaw Pain, Tingling Arm
- \_\_\_ 5. Have you previously used a holter monitor that was negative (No Diagnosis)
- \_\_\_ 6. Have you recently changed heart or blood pressure medication?

**How often do the above checked symptoms occur?** [ ] Per day [ ] Per week [ ] Less