

In our on-going effort to make your experience at Good Heart Corporation better, we have developed this form to help you communicate the reason for your visit. Please take a moment to circle the most appropriate answer. If you need to write us a message, use the back of the page. Thank you for helping us serve you better!

Name: _____ Birthdate: ____/____/____

New Patient? ____ Yes ____ No

What brings you to see Dr. Anand today?: _____

Do you need refills?: ____ Yes ____ No

If so what medication: _____

Do you need surgery clearance? ____ Yes ____ No

If so what type of surgery are you having?: _____

My surgeon is: _____ Phone Number: _____

Are you having any CHEST PAIN?

Location: Center of Chest Left Right

Does the chest pain radiate to your: Neck Jaw Arm Back Shoulder

Is your chest pain associated with: Shortness of breath Nausea Sweats

Rate your chest pain on a scale of 1 – 10 (1 = very mild; 10 = unbearable)

1 2 3 4 5 6 7 8 9 10

What causes your chest pain? Walking Walking up stairs Happens at rest I don't know

What relieves your chest pain? Rest Nitroglycerin It goes away on its own

How long does the chest pains last? _____

Describe the nature of your chest pain: Dull Achy Sharp Stabbing Pressure Tightness

When does your chest pain occur? Morning Afternoon Evening Night

Has the chest pains ever woke you up during sleep? Yes No

Are you having any PALPITATIONS?

Describe your palpitations: Skips Stops Goes fast Races Flies Flutters Is irregular

When this happens, I feel: Nothing else Dizzy Faint Nausea Light headed

What makes the palpitations better? Rest Coughing Taking my medicine Nothing

When do the palpitations happen? Morning Afternoon Evening Night

How long does the palpitations last? _____

Have you experienced any SHORTNESS OF BREATH?

How would you rate the shortness of breath? Mild Moderate Severe

When does your shortness of breath occur? At rest With exertion Both

Do you experience any: Cough Wheezing

Are you a: Current Smoker Former Smoker Never Smoked

What relieves your shortness of breath? Rest Inhalers Breathing treatments

How many pillows do you sleep with at night? 1 2 3 4 more

Having you experienced any SWELLING?

Location: Feet Ankles Legs Right leg ONLY Left leg ONLY Hands

When is the swelling the worst? Morning Afternoon Evening Night

What helps relieve the swelling? Elevation Laying down Medication Nothing

Do you experience any pain with the swelling? ____ Yes ____ No

Do you experience any pain in your legs? Right Left Both

Please review your medication list and let us know if there are any changes.