

MR

NAME

BD

SEX



University of Wisconsin Hospital and Clinics

600 Highland Avenue • Madison, WI 53792

**CARDIOVASCULAR MEDICINE CLINIC
RETURN QUESTIONNAIRE**

Patient Name _____ Age _____

Clinic Visit Date _____ Last Visit Date _____

Referring or Primary Care Physician _____

Reasons for Today's Visit _____

Since Last Visit: Check any new diagnoses, symptoms, or procedures you have had.

Diagnoses

- Chest Pain
- Breathing Problems
- Heart Attack
- Congestive Heart Failure
- Stroke
- High Blood Pressure
- Diabetes (High blood sugar)
- Cholesterol Problem
- Palpitations
- Lightheadedness/dizziness
- Leg or Buttock Pain with Walking

Procedures

- Stress Test
- Echocardiogram (Heart Ultrasound)
- Heart Catheterization
- Angioplasty (Balloon or Stent)
- Bypass Surgery ("CABG")
- Pacemaker

List any surgeries, major illnesses and hospitalizations since last visit:

List any changes to medications or doses since last visit:

List any major changes to your work or family situation since last visit:

Please Complete Next Page

Review of systems
 Check all symptoms that you have had recently.

- Cardiovascular
- Pain or Discomfort in Chest
- Shortness of Breath with Activity
- Shortness of Breath Lying Flat
- Dizziness or Fainting
- Palpitations or "Racing Heartbeat"
- Leg Swelling
- Awake at Night to Urinate
- Leg or Buttock Pain with Walking
- General
- Recent Weight Changes
- Severe Fatigue
- Loss of Appetite
- Sleep Problems
- Fever or Chills
- Excessive Sweating
- Skin Rashes
- Head and Neck
- Headache
- Vision Problems
- Decreased Hearing
- Nasal Stuffiness
- Difficulty Swallowing
- Painful Teeth or Gums
- Respiratory
- Cough
- Cough or Spit up Sputum
- Cough or Spit up Blood
- Shortness of Breath
- Wheezing
- Gastrointestinal
- Nausea or Vomiting
- Heartburn or Indigestion
- Jaundice (yellow skin or eyes)
- Stomach or Abdominal Pain
- Bloody or Black/Tarry Stools
- Change in Stool Pattern or Shape
- Constipation
- Diarrhea
- Genitourinary
- Blood in Urine
- Urinary Incontinence
- Erectile Dysfunction (Men)
- Women Only
- Completed Menopause
- Estrogen Use
- Breast Lump
- Vaginal Bleeding
- Musculoskeletal
- Painful Muscles
- Painful Joints
- Leg Cramps
- Hematologic/Lymphatic
- Excessive Bleeding
- Excessive Bruising
- Blood Clots
- Endocrine
- Excessive Urination
- Excessive Thirst
- Intolerance to Cold
- Intolerance to Heat
- Neurologic
- Memory Problems
- Weakness
- Loss of Sensation
- Psychiatric
- General Loss of Interest
- Depression
- Anxiety
- Panic Attacks
- High Emotional Stress

List additional symptoms here:

Signature _____

Physician Review _____

Date _____

/Time _____

Date _____

