

HALL-GARCIA CARDIOLOGY ASSOCIATES

Patient Registration

O'Quinn Medical Tower
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Houston, Tx 77030
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Internet: www.hgcardio.com
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Name: _____ Age: _____ Sex M/F Today's Date: _____
Last First

Height: ____ Weight ____ Birth date: ____ Did someone refer you _____ MD self

Your Reason for visit:

Check any known heart risk factors:
High blood pressure: Y/N
High cholesterol: Y/N
High Triglycerides: Y/N
High blood sugar (diabetes): Y/N
Active smoker: Y/N
Previous smoker: Y/N
Overweight: Y/N

Check any of the following known problems.

- Heart attack what year(s) ____
- Angina how may yrs ____
- Heart murmur discovered yr ____
- Palpitations
- Fainting
- Chest pains: occasional frequent
- Shortness of breath
- Heart failure how many yrs ____
- Leg cramps walking: how may yrs ____
- Blue fingertips or toes

For Women: please check below

- Are you pregnant now
- Have you reached menopause

Check any previous Testing Done : add dates

- Stress Test
- Nuclear Stress Test
- Stress Echocardiogram
- Regular echocardiogram
- EKG within past 6 months
- Heart catheterization
- Heart by-pass surgery
- Heart artery balloon/stents
- Leg Artery balloon / stents
- Neck Artery balloons, stents or surgery
- Leg Artery surgery
- Pacemaker or Defibrillator
- Heart electrical procedures (ablation, surgery)
- Heart valve surgery

Leisure Activities:

Education Level: _____

With whom do you live: _____

Any family history of heart disorders

Mother: alive, deceased – cause _____

Father: alive, deceased-cause _____

Other family health disorders:

Comments: