

**Simie B. Platt, M.D., F.A.C.C.**

DOS: \_\_\_ / \_\_\_ / \_\_\_

Patients Name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_

REFERRING: \_\_\_\_\_

PCP: \_\_\_\_\_

DO YOU HAVE A HISTORY OF?

High blood pressure \_\_\_\_\_  
Diabetes \_\_\_\_\_  
High Cholesterol \_\_\_\_\_  
Prostate enlargement \_\_\_\_\_  
Other \_\_\_\_\_

Thyroid \_\_\_\_\_  
Stroke/TIA \_\_\_\_\_  
Syncope \_\_\_\_\_  
Asthma \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_

Bypass surgery \_\_\_\_\_  
Heart valve surgery \_\_\_\_\_  
Pacemaker \_\_\_\_\_  
Defibrillator \_\_\_\_\_  
Angioplasty/stents \_\_\_\_\_  
Other \_\_\_\_\_

Cholecystectomy \_\_\_\_\_  
Hysterectomy \_\_\_\_\_  
Hernia Repair \_\_\_\_\_  
Tonsillectomy \_\_\_\_\_  
Mastectomy \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_

**SOCIAL HISTORY – Check the appropriate boxes and fill in the accurate amounts of standard portions.**

Employed \_\_\_\_\_ Retired \_\_\_\_\_ Occupation \_\_\_\_\_  
Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_  
Number of Children \_\_\_\_\_ Ages: \_\_\_\_\_ Religious affiliation: \_\_\_\_\_

Mental Activity: (Reading / Paying Bills / Political Discussion Group / Work) \_ Light \_ Moderate \_ Heavy Physical  
Activity: (Exercise / Sports / Gardening, etc.) \_ Light \_ Moderate \_ Heavy Hours Per Day: \_\_\_\_\_  
Alcohol: \_ Never \_ Beer(s) \_\_\_ Per Week \_ Liquor \_\_\_ Per Week \_ Wine \_\_\_ Per Week How Many Years? \_  
Smoking: \_ Never \_ Current \_ Previous \_ Discontinued Quantity: \_\_\_\_\_ How Many Years?: \_\_\_\_\_  
Nutritional Information: \_ Low Sodium \_ Diabetic Diet \_ Low Fat Diet \_ Vegetarian Diet \_ Low Cholesterol \_ Other  
Miscellaneous Drugs: \_ Antacids \_ Diet Pills \_ Laxatives \_ NutraSweet \_ Decongestants \_ OTC histamines \_  
Other \_\_\_\_\_

**Are you allergic to iodine contrast?** \_\_\_\_\_

**Do you have any objection to receiving blood transfusion or blood products?** \_\_\_\_\_

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**Family History (Check all that apply):**

Parents: Mother: age: \_\_\_\_\_ Died at: \_\_\_\_\_  
Father: age: \_\_\_\_\_ Died at: \_\_\_\_\_

Do your immediate family members have a history of?

Heart Attack \_\_\_\_\_ Bypass Surgery or Angioplasty \_\_\_\_\_  
Sudden Death \_\_\_\_\_ Atrial fibrillation \_\_\_\_\_ High Blood Pressure \_\_\_\_\_  
Diabetes \_\_\_\_\_ Congestive Heart Failure \_\_\_\_\_ Cancer (type): \_\_\_\_\_

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**REVIEW OF SYMPTOMS – Circle only the ones you NOW have or have had recently**

- Allergies: NONE \_\_\_

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- General: Weaknesses \_ Fatigue \_ Fever \_ Chills \_ Night Sweats \_ Fainting \_ NONE \_\_\_

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- Skin: \_ Color changes in moles \_ Size changes in moles \_ Red Dots/Spots \_ NONE \_\_\_

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- Head: \_ Headaches \_ Head injuries \_ NONE \_\_\_

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- Eyes: \_ Transient loss of vision \_ Glaucoma \_ NONE \_\_\_

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- Ears: \_ Recent loss of hearing \_ Dizziness \_ Loss of balance \_ NONE \_\_\_

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- Nose: \_ Nasal discharge \_ Post nasal drip \_ NONE \_\_\_

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- Mouth: \_ Dental problems \_ Oral sores \_ NONE \_\_\_

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- Throat: \_ Difficulty swallowing \_ Hoarseness, present for more than two weeks \_ NONE \_\_\_

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- Neck: \_ Neck enlargement \_ Neck lumps \_ Neck masses \_ NONE \_\_\_

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- Lungs: \_ Cough \_ Phlegm \_ Coughing blood \_ Shortness of breath \_ Wheezing \_ Pain in lungs \_ NONE \_\_\_

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- Blood: \_ Anemia \_ Easy bruising \_ Prolonged bleeding \_ Swollen nodes \_ Painful nodes \_ NONE \_\_\_

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- Gastrointestinal: \_ Change in bowel habits \_ Abdominal pain \_ Nausea \_ Vomiting \_  
 Abdominal bloating \_ Belching \_ Heartburn \_ Indigestion \_ Irregular bowels \_ Constipation \_  
 Diarrhea \_ Gas \_ Hemorrhoids \_ Hernias \_ Poor appetite \_ Food intolerance \_ Bloody stools \_  
 Black tarry stools \_ Rectal bleeding NONE \_\_\_

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- Genitourinary: \_ Urinary frequency \_ Frequent urination \_ Urinary stones \_ Urinary burning \_  
 Bloody urine \_ Urethral discharge \_ Urination at night \_ NONE \_\_\_

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- Gynecological: \_ Post-menopausal bleeding \_ Hot flashes \_ Mood swings \_ Night sweats \_ NONE \_\_\_

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- Musculoskeletal: \_ Muscular pain \_ Muscle weakness \_ Joint stiffness \_ Joint pain \_  
 Joint swelling \_ Joint deformities Curvature of spine \_ NONE \_\_\_

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- Neurological: \_ Seizures \_ Vertigo \_ Hand trembling \_ Loss of sensation \_ Incoordination \_  
 Transient paralysis of upper or lower extremities \_ Slurred speech \_  
 Tingling / burning / numbness \_ Loss of memory \_ Disorientation \_ Gait shuffling \_ NONE \_\_\_

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- Psychiatric: \_ Insomnia \_ Irritability \_ Anxiousness/ stress \_ Panic attacks NONE \_\_\_

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CHIEF COMPLAINT & PRESENT ILLNESS: **DO NOT COMPLETE**

ARRHYTHMIA MONITOR: \_\_\_\_\_

EST: \_\_\_\_\_

ECHO: \_\_\_\_\_

CATH: \_\_\_\_\_

Physical Exam: \_\_\_\_\_ BP = \_\_\_\_\_ HR = \_\_\_\_\_ R = \_\_\_\_\_

SKIN: WNL - warm, dry, no lesions or rashes abnormal \_\_\_\_\_  
EYES: WNL - anicteric, non-injected, conj pink abnormal \_\_\_\_\_  
MOUTH: WNL - oral mucosa abnormal \_\_\_\_\_  
LUNGS: WNL - lungs clear bilaterally abnormal \_\_\_\_\_  
NECK: WNL - supple, trach midline, no JVD or bruits, carotid upstrokes normal abnormal  
CV: WNL - regular irregular  
ABD: WNL - soft, non tender  
EXT: WNL - no edema Pulses  
NEURO: WNL - grossly intact

Assessment and Plan:

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The risks, alternatives and benefits were discussed with the patient. \_\_\_\_\_

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MD Signature