



**Southern
Cardiovascular
Care, PC**

1800 Fairview Avenue, Suite 1
Dothan, AL 36301
Phone: 334 699-8900
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HEALTH HISTORY FORM

Name: _____ Age: _____ Date: _____
 Address: _____ Phone #: _____
 Referred By: _____

MAJOR COMPLAINT OR PROBLEM (Reason for visit)

CURRENT MEDICATIONS

HOSPITALIZATIONS OR SURGERIES

DATE	REASON	DATE	REASON

PAST MEDICAL HISTORY (Approximate Age of Onset)

Heart Attack _____	Hypertension _____	Tuberculosis _____	Liver Disease _____
Angina _____	Diabetes _____	Asthma _____	Frequent Indigestion _____
Heart Failure _____	High Cholesterol _____	Emphysema _____	Blood in Stool _____
Heart Murmur _____	Stroke _____	Chronic Bronchitis _____	Cancer _____
Chest Pain _____	Seizure/Convulsion _____	Pneumonia _____	AIDS/HIV _____
Shortness of Breath _____	Phlebitis _____	Pulmonary Embolism _____	Thyroid Disease _____
Palpitations _____	Kidney Stones _____	Chronic Cough _____	Anemia _____
Dizziness/Faintness _____	Kidney Infection _____	Ulcers _____	Gout _____
Loss of Consciousness _____	Kidney Disease _____	Gall Bladder _____	Psychiatric Treatment _____
Rheumatic Fever _____		Hepatitis _____	

FAMILY HISTORY

	Age	Illness	Cause of Death
Father	Alive/Dead		
Mother	Alive/Dead		
Brothers/Sisters	Alive/Dead		

HABITS

Smoking Packs/Day _____ How Long _____ When Stopped _____
 Alcohol Estimated Amount _____
 Caffeine Estimated Amount (Coffee, Tea, Soft Drinks) _____
 Diet Special Diets (Cholesterol, Diabetic, Salt) _____
 Exercise _____