



**Southern  
Cardiovascular  
Care, PC**

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Dothan, AL 36301  
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## HEALTH HISTORY UPDATE 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      \_\_\_\_\_

### PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_