

Comprehensive Cardiac Care, pllc

Helen S. Barold, MD, MPH, FACC, FHRS

Name _____

Please list your medications

Name of Medicine	Dose

Do you have any drug allergies? If so, what are you allergic to and what happens?

Please check all that apply to you:

- 1. Allergy
 - Ear Fullness
 - Itchy Eyes
 - Runny Nose
 - Scratchy Throat
 - Sinus Congestion
- 2. Respiratory
 - Chest Congestion
 - Chest Pain
 - Cough
 - Shortness of Breath
- 3. Cardiovascular
 - Chest Discomfort
 - Dizziness
 - Known Coronary Artery Disease
 - Heart Racing (Palpitations)
 - Shortness of Breath
 - Varicose Veins
 - Fainting Spells
 - Swelling in Legs
- 4. General
 - Fatigue
 - Fevers
 - Headache
 - Loss of Appetite
 - Weakness
 - Weight Gain
 - Weight Loss

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- 5. Skin
 - Rashes- where? _____
 - Acne
 - Skin Cancer
- 6. Endocrine
 - No Problems
 - Diabetes
 - Thyroid Disease
 - Weight Gain or Loss
 - Problems with Heat or Cold
- 7. Ears/Nose/Mouth/Throat
 - Cough
 - Nose Bleeds
 - Hearing Loss
 - Ringing in Ears
 - Sinus Pain
 - Sore Throat
- 8. Women ONLY
 - Menopause
 - Heavy Periods
 - Hot Flashes
- 9. Gastrointestinal
 - Abdominal Pain
 - Blood in Stool
 - Constipation
 - Diarrhea
 - Heartburn
 - Nausea
 - Vomiting
- 10. Hematology
 - Bleeding
 - Easy Bruising
- 11. Musculoskeletal
 - Joint Pain
 - Joint Stiffness
 - Joint Swelling
 - Leg Cramps
 - Muscle Aches
 - Osteoporosis Treatment
 - Sciatica

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12. Neurological

- Dizziness
- Walking Problems
- Headaches
- Insomnia
- Memory Loss
- Seizures
- History of a Stroke or Mini-Stroke (TIA)

13. Psychiatric

- Anxiety
- Depression
- High Stress Level
- Sleep Disturbances

14. Urology

- Blood in the Urine
- Difficulty Urinating
- Frequent Urination
- Frequent Urinary Tract Infections