Cardiac Surgery Associates, P.C.

Dr. Jerry B. Gooch, MD

Today's Date		Height	Weight
Patient Name			
Date of Birth			
Referring Doctor			
Primary Care Doctor			
Allergies			
Reason for seeing us today			
Previous illness, hospitalizations and surgeries/dates			

Previous illness (please circle)	Heart Disease	Stroke	High Blood Pressure	Asthma
	Heart Attack	Mini-Stroke (TIA)	High Cholesterol	COPD
	Heart Failure (CHF)	Headaches	Diabetes	Emphysema
	Irregular Heart Rhythm	Seizures	Thyroid	Cancer
	Heart Murmur	Heartburn/Reflux	Kidney Failure	Anemia
	Aneurysm	Blood Clot/DVT	On Dialysis	Liver Failure

Social History

Tobacco use Never No Yes # packs per day _____ When did you quit? _____

Alcohol use Never No Yes How many drinks per week? _____ Type _____

Other drug use _____

Family History	Disease	Living	Deceased	Age at death
Mother				
Father				
Siblings				

Medications