

Name: _____
Address: _____
DOB: _____
Contact Number: _____
Health Insurance: _____

Short Description of your complaint

1. Chest discomfort, shortness of breath, palpitation, dizziness, leg swelling.
2. My doctor is concerned about my blood pressure, heart murmur, family history or cholesterol.
3. My symptom has not changed recently or is getting worse.
4. The symptom is present for XX number of months or years.
5. When does it happen? When I walk, when I am at rest, during particular times, after eating, when I'm hungry, during the night, during intercourse. Do you feel dizzy with it? Have you ever had a blackout or injured yourself because of it?

A short description of what happened can be very useful to give us a feel for the problem such as the following examples:

1. *I was in Spain on holidays, my brother collected me from the airport, in the taxi on the way in I felt unwell. When I got to the hotel I had to lie down. The hotel doctor was called. I had a pain in my arm by then. He sent me to hospital. I was kept there for three days and they did tests on my heart. I was told I did not have a heart attack but advised me to check in with a cardiologist when I got home to be on the safe side.*
2. *I was standing in front of the class just after break, the room was quite hot, all of a sudden, I felt my heart beating really fast and thought that I might faint. I had to sit down. One of the children went to get another teacher but by the time they arrived which can't have been more than two minutes, I felt fine again. I remember something like this happening when I was at mass as a teenager but had no problems with it until now. This happened two weeks ago and I have been fine since.*
3. *Two of my brothers have had heart problems, one was quite young when the trouble started, about 36 years of age, the other man was in his sixties. The younger one ended up with a bypass. Neither of them were smokers. I feel fine myself but I thought it might be a good idea to have myself checked out as I am approaching sixty. I'm quite fit and walk a few miles with my wife three to four nights a week. I was a smoker of 20/day but gave up fifteen years ago. I had high blood pressure and have been on tablets for that from my mid forties. My cholesterol is fine, so my GP tells me.*

Past Medical History

All that you can remember, even if it appears trivial to you.

- How long have you been on treatment for blood pressure?
- If you are on cholesterol lowering medication, how high was the cholesterol before starting medication? Note- you may not know this information.

Please list any operations that you have had (for example gall bladder, hernia, thyroid, orthopaedic). Any Illness – Heart attack, heart failure, rheumatic fever, arthritis, diabetes, lung disease, cancers, vascular surgery, carotid disease, stroke, pacemaker insertion, angiogram previously.

Family Medical History

- What was your father's cause of death and what age was he when he died?
- What was your mother's cause of death and what age was she when she died?
- How many brothers/sisters do you have? Are they all alive and well? If they have died what ages were they when they died and what was the cause of death? If they are ill or have some health conditions, what conditions are these and at what age were they diagnosed?
- How many children do you have? Are they all still alive and well? If a child of yours has died, what age were they when they died and what was the cause of death?

Medication

Please list all medications that you are currently taking including eye drops and inhalers, over the counter pills and things that you buy from health shops, food supplements or vitamins.

Allergies

Please list all medications that caused allergy and the nature of the allergy that developed. Please also list other allergies such as shellfish allergy. Please list in particular allergies that have occurred during x-ray procedures.

Social History

- Smoking History, current or previous, how many and to when. Pipe cigars, cigarettes.
- Alcohol use- units per day/week
- Current/ previous employment.

General Health Issues

- Headache, dizziness, faints blackouts, blurred vision, double vision, hearing problems, weakness in hands or legs.
- Pain in the back of the legs when you walk.
- Cough sputum, coughing blood, and wheezing.
- Previous stomach ulcers, colitis or bowel problems. Blood in stool, diarrhoea or constipation. Previous colonoscopy / gastroscopy.
- Urinary Problems- frequently getting up at night, blood in urine.
- Sore joints, neck problems, shoulder stiffness, skin rashes.

Please e-mail as much information as you can to appointments@eaglelodge.ie