

# Cardiology of Virginia, Inc.

13572 WATERFORD PLACE, MIDLOTHIAN, VA 23112  
(804) 525-2525 (fax)

**804-560-8782**

## Patient History

Date:	Name:	Date of Birth:
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**Do you have or have you ever been treated for any of the following conditions?  
(Please circle Y for Yes or N for No)**

Headaches	Y	N	Arthritis	Y	N
Seizures	Y	N	Bleeding Disorders	Y	N
Ear, Nose, and Throat	Y	N	Kidney-Bladder Infection	Y	N
Asthma	Y	N	Diabetes	Y	N
Bronchitis	Y	N	Thyroid	Y	N
Emphysema	Y	N	Skin Disorders	Y	N
Lung Disorders	Y	N	Anxiety/Depression	Y	N
Tuberculosis	Y	N	HIV-AIDS	Y	N
Circulatory Problems	Y	N	Cancer	Y	N
Dizzy/Fainting Spells	Y	N	Glaucoma	Y	N
Heart Attack	Y	N	Rheumatic Fever	Y	N
Heart Disease	Y	N	Stroke	Y	N
Congestive Heart Failure	Y	N	Varicose Veins	Y	N
High Blood Pressure	Y	N	GI (stomach, bowel, liver)	Y	N
High Cholesterol	Y	N	Others:		

Thank you for this information.

Please take this completed form to the front desk area.

It is a pleasure for our staff to care for you.