

# Cardiology of Virginia, Inc.

13572 Waterford Place, Midlothian, VA 23112

(804) 560-8782 (phone)

(804) 525-2525 (fax)

## Patient History & Information

Date:	Name:	Date of Birth:
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <b>Race:</b> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: <input type="checkbox"/> I decline to answer		
<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
<b>How should we contact you?</b> <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
<b>Where may we leave a message?</b> <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone		

**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:		

<b>Are you currently under the care of a Skilled Nursing Facility?</b>	Y	N
<b>Name &amp; address of Facility:</b>		

Thank you for your responses to these questions. Please return the completed form to the front desk.