

Prior Tests Questionnaire

(Fill out and give to the office staff before you leave)

Your doctor wants to have all useful information about your heart before changing your treatment. Please complete the following about previous tests done on your heart. If you don't know, leave it blank.

1. When and where was your last EKG (electrocardiogram)?

2. When and where was your last Chest X-ray?

3. When and where was your most recent echocardiogram (ultrasound or sonar of the heart)?

4. When and where was your most recent cholesterol check?

5. Have you ever had a heart catheterization? Yes No

If yes, when and where?

6. Have you been seen by a cardiologist? Yes No

If yes, who, when, and where?

7. Have you been hospitalized for heart trouble? Yes No

If yes, when and where?

8. Have you had an exercise stress test (treadmill test)? Yes No

If yes, when and where?