



Medication & Social Information

Today's date: _____

Patients Name: _____ Patients DOB: _____

Referring Physician: _____

Reason for Bay Area Heart Cardiology Visit: _____

Allergies: _____

PLEASE LIST CURRENT MEDICATIONS:

MEDICATION	DOSAGE	FREQUENCY

Social History

Do you smoke or use tobacco products? Yes No Former Smoker

If yes, how many packets per day? _____ For how many years? _____

Exercise: Daily Occasionally Never If any, what type of exercise? _____

Alcohol: Daily Occasionally Never

Caffeine: Daily Occasionally Never

If any, how much caffeine intake per day? _____