



Medication and Social Information

Date: _____

Patients Name: _____ Date of Birth: _____

Referring Physician: _____

Reason for 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? _____
Alcohol: Daily ☐ Occasionally ☐ Never ☐
Caffeine: Daily ☐ Never ☐ If any, how much caffeine intake per day? _____
Exercise: Daily ☐ Occasionally ☐ Never ☐ If any, what type of exercise? _____