



Suffolk Cardiovascular Consultants, PC

Daniel R. Landolphi
MD FACC FAAC
CARDIOLOGY

1920 Deer Park Avenue • Suite 104
Deer Park, NY 11729

Tel: 631.392.1680 Fax: 631.392.1683

www.DRLandolphi.com info@DRLandolphi.com

CARDIOLOGY QUESTIONNAIRE

NAME: _____ DOB: _____ DATE: _____

REASON for TODAY'S VISIT: _____ REFERRING PHYSICIAN: _____

SURGERIES

MEDICATIONS/DOSAGE/FREQUENCY

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRUG ALLERGIES _____

Are you currently taking any HERBAL MEDICATIONS? Yes/No

YOUR PAST MEDICAL HISTORY:

___ HIGH BLOOD PRESSURE	___ KIDNEY DISEASE
___ DIABETES	___ LIVER DISEASE
___ HIGH CHOLESTEROL	___ ULCER / REFLUX
___ STROKE / MINISTROKE / TIA	___ CANCER
___ CORONARY ARTERY DISEASE/STENT/ANGIOPLASTY/BYPASS SURGERY	
___ CONGESTIVE HEART FAILURE	OTHER _____

HABITS:

___ SMOKE	Y	N	PACKS per day
___ EXERCISE	Y	N	TYPE/FREQUENCY _____
___ ALCOHOL	Y	N	# DRINKS/BEERS PER WEEK _____

FAMILY HISTORY	FATHER	MOTHER	BROTHER	SISTER
			(AGE OF FIRST EVENT)	

HEART ATTACK	_____	_____	_____	_____
ANGIOPLASTY/STENT	_____	_____	_____	_____
BYPASS SURGERY	_____	_____	_____	_____

PATIENT SIGNATURE: _____