Zakwan Mahjoub, M.D., F.A.C.C.

New Patient History and Physical

Patient Name: _____ Today's Date: _____

Patient ID# _____ Date of Birth: ____/_____/_____ Age: _____ Sex: _____

Referring Physician: _____ Physician Phone Number: ____-_____-_____

Weight: _____ Height: _____ HR: _____ BP: _____/_____ BMI: _____ Pulse Ox: _____

Reason for Consultation:

	Chest Pain		Dizziness		Paroxysmal Nocturnal Dyspnea	Surgical Clearance
	Shortness of Breath		Syncope		Swelling of Legs	**Other:**
	Orthopnea		Palpitations		Intermittent Claudication	
	Fatigue		Skipped Heart Beats		Known Heart Condition	

Please list all allergies to Medications: **No Known Drug Allergies**

Current Medications:

Medication:	Dosage:	Directions	Used to Treat

Family History:

Father:	Mother:

Personal Health History:

Past Medical History	Past Surgical History	Date of Surgery

Social History:

Marital Status:	Married Single Widowed Divorced	Children: Yes (#_____) No
Smoker: Current Former Never Packs per day (#_____)	Alcohol: None Occasional Daily	Coffee/Caffeine: None Occasional Daily
Occupation: (Current/Previous)		

Coronary Artery Disease Risk Factors:

	Smoking		Hyperlipidemia		History of Myocardial Infarction	Other:
	Hypertension		Family History		Diabetes	