

# PALM BEACH CARDIOLOGY FOM ISTOLRY PASYAN

Non: \_\_\_\_\_ Seks: \_\_\_\_\_ Laj: \_\_\_\_\_  
Dat nesans: \_\_\_\_\_ Lmèl: \_\_\_\_\_ Sekirite Sosyal: \_\_\_\_\_  
Ras / Etnisite: \_\_\_\_\_  
Adrès: \_\_\_\_\_ Apt: \_\_\_\_\_  
Vil: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Lakay #: ( ) \_\_\_\_\_ Mobil #: ( ) \_\_\_\_\_ Biznis #: ( ) \_\_\_\_\_  
Anplwayè: \_\_\_\_\_ Okipasyon: \_\_\_\_\_  
Madanmarye: \_\_\_\_\_ Dat nesans: \_\_\_\_\_ Mobil: \_\_\_\_\_  
Kontak Ijans: \_\_\_\_\_ Mobil: \_\_\_\_\_  
Manm fanmi ki pi pre a pa rete avèk ou \_\_\_\_\_ Mobil: \_\_\_\_\_  
Asirans Prensipal: \_\_\_\_\_ Nimewo Asirans: \_\_\_\_\_  
Asirans Segondè: \_\_\_\_\_ Nimewo Asirans: \_\_\_\_\_  
Adrès Altènatif: \_\_\_\_\_  
Famasi: \_\_\_\_\_ Telefòn (obligatwa): \_\_\_\_\_  
Refere pa: \_\_\_\_\_ Swen Prensipal Dr.: \_\_\_\_\_  
Rezon pou vizit la: \_\_\_\_\_

## Istwa chirijikal sot pase yo:

### Wi No

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Koronè atè operasyon kontoune (CABG)	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cath / Anjyoplasti kadyak (Stent)	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operasyon Valv Kè / Ranplasman	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transplantasyon ògàn	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amigdalèktomi	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apendisektomi	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operasyon miskiloskeletal	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Isterektomi	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operasyon Katarak	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Periferik Artery Operasyon	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kolezistektomi (vezikulèr)	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mastèktomi	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pesmekè / defibrilatè (mak)	Dat: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aparèy biventrikilè	Dat: _____
	Dat: _____

Lòt \_\_\_\_\_

Alèji:  Latèks  Yòd / kristase  Tape      Reyaksyon: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reyaksyon: \_\_\_\_\_  
Reyaksyon: \_\_\_\_\_  
Reyaksyon: \_\_\_\_\_



## Non Pasyan

## Dat Fèt

### Revizyon nan Sistèm (nenpòt istwa nan bagay sa yo):

#### Wi No

- Dènye pran pwa
- Dènye pèdi pwa
- Frison / Lafyè / Swe lannwit
- Fatig / Malaise
- Souvan / Persistent tèt fè mal
- Vizyon twoub
- Nen senyen / jansiv senyen
- Doulè nan kou / rèd
- Doulè nan pwatrin / malèz
- Palpitasyon
- Reveye souf kout
- Difikilte pou respire, lè
- Anflamasyon nan je pye / pye
- Difikilte erectile (gason)
- Doulè nan janm lè wap mache
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Wi No

- Souf kout
- Tous
- Touse san
- Lannwit swe
- Souf anlè
- Kè plen / Vomisman
- Dyare / Konstipasyon
- Nwa oswa pou pou
- Doulè ak pipi
- Pipi souvan
- San nan pipi
- Kansè po / gratèl
- Twòp swe / swaf dlo
- Doulè nan misk / doulè nan jwenti
- Vètij / vètij / endispoze
- Neuropati / Twoub sansoryèl
- Anksyete / Depresyon
- \_\_\_\_\_

### Tès Anvan:

#### Wi No

- |  |             |                |
|--|-------------|----------------|
| <input type="checkbox"/> <input type="checkbox"/> Ekokadyogram       | Kilè: _____ | Ki kote: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Tès Estrès         | Kilè: _____ | Ki kote: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Kadyak Cath        | Kilè: _____ | Ki kote: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Ultrasound karotid | Kilè: _____ | Ki kote: _____ |



