

**Birmingham Heart Clinic, P.C.
Cardiovascular Disease Data Sheet**

Full Name: _____ Date: _____

Age: _____

Are you or have you ever been treated for:

High Blood Pressure

Diabetes

High Cholesterol

Please list previous surgeries:

Any other medical conditions? _____

Current Medications:

Medication Name	Mgs	Number you take each time	Number of times you take per day	If recently stopped, last date taken

ALLERGIES

Are you allergic to any drugs? Yes No

Have you ever had a reaction to x-ray dye such as given for kidney x-rays? Yes No

