HEART CENTER CLINIC
1200 CHILDREN'S AVENUE, SUITE 2F
OKLAHOMA CITY, OK 73104
PHONE: 405.271.5530

ATTACH PATIENT LABEL HERE

Established Patient Questionnaire (please print)

PATIENT NAME	DATE OF BIRTH	AGE	GENDER (M/F)

PRIMARY CARE OR REFERRING PHYSICIAN NAME	CITY	STATE	PHONE

Family/Social History Update: (list any changes in family circumstances, social situations, or medical clearance needs since last visit)

Are we currently providing care to a family member? ☐ Yes ☐ No | If yes, list relationship:

Hospitalization and Surgery Update: (list any major illnesses, hospitalizations, surgeries or procedures since the last visit)

Medication Update: (include new drugs, discontinued drugs, changes in drug dosage or frequency since the last visit)

Preferred Pharmacy (list name & phone)

Drug Name	Dosage	Frequency Given	Drug Name	Dosage	Frequency Given
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Review of Systems Update: (please mark any of the following that the patient is currently receiving care or treatment for)

Ears/Nose/Throat	**Cardiovascular**	**Endocrine (Glands)**	**Sleep**
☐ Hearing changes	☐ Heart Murmur	☐ Thyroid problems	☐ Awakening at night
☐ Ear infections	☐ Dizziness	☐ Poor growth	☐ Insomnia
☐ Sinus Problems	☐ Chest pain	☐ Diabetes	☐ Sleep apnea
Gastric (Stomach)	☐ Palpitations (heart racing)	**Neurologic (Brain)**	**Developmental**
☐ Constipation	☐ Passing out	☐ Developmental delay	☐ Speech
☐ Diarrhea	☐ Abnormal energy level	☐ Headaches	☐ Communication
☐ Vomiting/spitting up	☐ Abnormal exercise capacity	☐ Seizures	☐ Vision
☐ Abdominal pain	**General**	☐ ADHD (hyperactivity)	☐ Social
☐ Nausea	☐ Profuse sweating	☐ Numbness	☐ Motor
☐ Reflux	☐ Fever	☐ Weakness	**Genital/Urinary System**
☐ Feeding difficulties	☐ Malaise	☐ Tremors	☐ Painful urination
☐ Sweating with feeds	☐ Weight loss	**Breathing/Lungs/Chest**	☐ Blood in urine
Eyes	☐ Change in energy level	☐ Coughing	☐ Frequency
☐ Vision changes	**Musculoskeletal**	☐ Wheezing	☐ Bladder control
☐ Eye pain	☐ Joint pain	☐ Strider	**Psychiatric**
☐ Itching	☐ Swelling	☐ Shortness of breath	☐ Depression
Skin	☐ Stiffness	☐ Breathing difficulties	☐ Anxiety
☐ Skin Rash	☐ Abnormal weight bearing	☐ Breath difficulty with exertion	
☐ Easy bruising			

FORM COMPLETED BY (Name)	DATE COMPLETED	RELATIONSHIP TO PATIENT