



HEART HEALTH HISTORY

Print this list of questions, complete the answers and take them with you to discuss with your healthcare team.

1. I have experienced these symptoms: Circle all that apply.

- A sensation of fluttering my chest
- Chest pain
- Shortness of breath
- Light-headedness
- None of the above

2. I feel symptoms:

- Continuously
- Occasionally

3. Does anything improve or worsen your symptoms?

4. I first started experiencing symptoms ____ (Month) ____ (Year).

5. I have lost or gained weight in the past 12 months.

Yes

No

Amount of weight lost or gained:

6. I exercise.

Yes

No

7. I exercise ____ times per week. The exercise I engage in is _____.

8. During physical exercise I feel:

9. I feel tired easily when performing routine activities.

Yes

No

10. I have a history of heart disease in my family.

Yes

No

If yes, please explain:

11. I have these health conditions:

12. I take the following medications (including over-the-counter medications):