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CARDIOVASCULAR INTERVAL MEDICAL HISTORY

Name: _____ DATE: _____

Events or Hospitalizations: N/A

Procedures: N/A

Change in medication: N/A

Pacemaker/ICD_____ Date of last check:_____

Activity level: Unchanged

Regular activity (Yes___ No___) Type_____ Time/Distance_____

- I Can you walk 2 flights of stairs (Yes___/No___)
- II Can you sweep or vacuum a room without stopping (Yes___/No___)
- III Can you make a bed without stopping (Yes___/No___)
- IV Can you shower and groom for the day without stopping (Yes___/No___)

Please list new cardiac procedure with dates:
(Stress test, EKG, Echocardiogram , Heart cath, etc.)
