



The Heartbeat Clinic

Amer Suleman M.D

Name: _____

Appointment Date: _____

Respiratory

- Asthma Yes No
- Emphysema/COPD Yes No
- Recent or current smoker Yes No
- Shortness of breath - exertion Yes No
- Shortness of breath - lying flat Yes No
- Persistent cough Yes No

Cardiovascular

- High cholesterol Yes No
- Congestive heart failure Yes No
- Swollen extremities Yes No
- History of stroke/TIA Yes No
- Sensation of rapid heartbeat Yes No
- Sensation of slow heartbeat Yes No
- History of heart attack Yes No
- Chest pain/discomfort Yes No
- Diagnosis with POTS Yes No

Constitutional

- Weight gain Yes No
- Weight loss Yes No
- Obesity Yes No
- Problem losing weight Yes No
- Problem gaining weight Yes No

Endocrine

- Excessive sweating during day Yes No
- Excessive sweating at night Yes No
- Itching of hands or feet Yes No
- Low thyroid Yes No
- High blood pressure Yes No
- Diabetes Yes No
- Low blood pressure Yes No

Gastrointestinal

- Bloating after meals Yes No
- Diarrhea Yes No
- Loss of appetite Yes No
- Excessive thirst Yes No
- Increased appetite Yes No
- Constipation Yes No
- Heartburn Yes No
- Nausea/Vomiting Yes No
- Difficulty swallowing/choked Yes No
- Saliva dropped out of mouth Yes No
- Diagnosis with Gastroparesis Yes No
- Abdominal Pain Yes No

Hematologic

- Bleeding while brushing teeth Yes No
- Anemic Yes No
- On blood thinners Yes No
- Nosebleeds Yes No
- Bruising Yes No
- Pro-longed bleeding Yes No

Musculoskeletal

- Pain in legs Yes No
- Poor leg circulation Yes No
- Arthritis Yes No
- Leg cramps Yes No
- Muscle weakness/aches Yes No
- Diagnosis with EDS Yes No

Neurologic

- Fainted in the last 6 months Yes No
- Dizziness/lightheadedness Yes No
- Lightheadedness with standing Yes No
- Confusion/Impaired memory Yes No
- Impaired memory on standing Yes No
- Slurred speech Yes No
- Feeling of vertigo Yes No
- Headache/head pounding Yes No
- Seizures Yes No
- Tremors Yes No
- Trouble tolerating cold Yes No
- Trouble tolerating heat Yes No

Ophthalmologic

- Cataracts/Glaucoma Yes No
- Sensitive to light Yes No
- Seeing double Yes No
- Blurry vision Yes No
- Blurry vision with standing Yes No

Psychology

- Depression Yes No
- Irritability/impatient Yes No
- Sleep apnea Yes No
- Snoring Yes No
- Trouble concentrating Yes No
- Currently using a CPAP/BiPAP Yes No
- Fatigue/feeling weak Yes No
- Anxiety Yes No
- Always tired during the day Yes No
- Falls asleep during inappropriate times Yes No
- Frequent waking at night Yes No
- Overall restless sleep Yes No
- Difficulty maintaining sleep Yes No
- Stop breathing at night Yes No

Urologic

- Difficult starting to urinate Yes No
- Frequent urination Yes No
- Urinary leaking Yes No