

## Patient History - Important

To be filled out by patient prior to arrival

Welcome to Abbott Northwestern's Heart Hospital. Please take some time to fill out this questionnaire to help us facilitate your experience at our hospital. Thank you as your time is very much appreciated! The staff will be asking some of these questions several times during your stay with us. Please understand this redundancy is for your safety.

1. How do you like to be addressed? \_\_\_\_\_

2. What is your height? \_\_\_\_\_

3. How do you learn best? Demonstration, discussion, individual instruction, reading, or visually?  
\_\_\_\_\_

4. Do you have family/friends here with you today? If family/friend is/are present, please list their **names**, **phone number**, and **relationship**. May we share information regarding your condition with them? If no family present, please list **emergency contact** information.

---

---

---

---

---

---

---

---

---

---

5. Do you have any allergies to medications? If so, please list the medications and reaction(s).

---

---

---

---

---

---

---

---

---

---

6. Do you have any allergies to **latex**, or **contrast dye**? If so, please circle the appropriate allergies.

7. Please list the last time you had solid food \_\_\_\_\_ and the last time you had any liquids \_\_\_\_\_. What was the liquid? \_\_\_\_\_

8. Have you had any recent illnesses and if so what was the illness?

---

---

9. Have you ever previously had complications with anesthesia? Please explain:

---

---

---

---

---

---

9. Do you have any implanted devices such as artificial joints, permanent pacemakers, or internal defibrillators?

---

---

10. Is there any possibility you are pregnant or lactating? \_\_\_\_\_

11. Do you currently use tobacco? \_\_\_\_\_

a) Or have you ever used tobacco, when did you quit?

---

b) If so, what type?

---

c) How much per day and for how many years?

---

12. Do you consume caffeine products? \_\_\_\_\_

a) How much do you consume daily?

---

13. Do you consume alcohol? \_\_\_\_\_

a) How much do you consume daily/weekly/monthly?

---

14. Do you use any type of Street Drug? If so, what and how much?  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you currently have a cough? \_\_\_\_\_
16. Have you ever been put in the hospital in isolation for an infection that did not respond to antibiotics? MRSA or VRE? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Have you ever received the pneumonia vaccine: If yes, please write down date if you are able to recall it?  
\_\_\_\_\_
18. Did you receive the Flu Vaccine this year? When? \_\_\_\_\_
19. Are you Diabetic? \_\_\_\_\_
20. Do you follow a special diet such as diabetic or cardiac? \_\_\_\_\_
21. Are you currently in pain or do you have any chronic pain? If so, how do you relieve your pain?  
\_\_\_\_\_  
\_\_\_\_\_
22. Do you have a living will or health care directive? If so, do you have a copy with you?  
\_\_\_\_\_
23. Are there any religious or spiritual beliefs you would like us to know about?  
\_\_\_\_\_  
\_\_\_\_\_
24. Have you had any stressful events in your life recently other than day to day stress? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
25. Do you have any problems with your vision, hearing, or swallowing? If so, please explain?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. Do you have any numbness or tingling in your hands or feet?  
\_\_\_\_\_

27. Do you feel that you have adequate support when dealing with your condition or procedure? Do you currently live with anyone?

---

---

---

28. Do you have shortness of breath? If so, is it at rest or with exertion?

---

29. Do you have any loose teeth, false teeth, or sore gums?

---

30. Do you move around independently or do you use an assistive device such as a cane or walker?

---

31. Do you have any problems with your bowels or bladder?

---

---

---

---

32. Do you have any piercings or tattoos? If so, please explain

---

---

---

33. If your valuables cannot be left with family during your procedure, please list the valuables on the line provided.

---

---

---

---

- **Please fill out the separate medication list if you do not currently have an updated list with you.**
- **Please check with your nurse before using the bathroom in case we need a urine sample.**
- **Please leave all jewelry, money, credit cards, and valuables at home or with family.**
- **Please bring a copy of your living will or health care directive with you to the hospital.**