

# Texas Cardiology Associates of Houston

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Cardiology  
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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## General/Constitutional

Chills  Yes  No  
Fatigue  Yes  No  
Fever  Yes  No  
Headache  Yes  No  
Lightheadedness  Yes  No  
Sleep Disturbance  Yes  No  
Weight Gain  Yes  No  
Weight Loss  Yes  No  
Night Sweats  Yes  No  
Change in Appetite  Yes  No

## ENT

Decreased hearing  Yes  No  
Decreased smell  Yes  No  
Difficulty swallowing  Yes  No  
Dry mouth  Yes  No  
Ringing in the ears  Yes  No  
Sore throat  Yes  No  
Swollen glands  Yes  No  
Sinus pain  Yes  No  
Nose bleeds  Yes  No

## Ophthalmologic

Blurred vision  Yes  No  
Dry eye  Yes  No  
Decreased vision  Yes  No  
Red eye  Yes  No

## Respiratory

Cough  Yes  No  
Pain with inspiration  Yes  No  
Short of breath at rest  Yes  No  
Short of breath with exertion  Yes  No  
Sputum production  Yes  No  
Wheezing  Yes  No  
Coughing up blood  Yes  No

## Hematology

Prolonged bleeding  Yes  No  
Easy bruising  Yes  No  
Recent transfusion  Yes  No

## Cardiovascular

Chest pain at rest  Yes  No  
Chest pain with exertion  Yes  No  
Difficulty lying flat  Yes  No  
Fluid buildup in the legs  Yes  No  
Dizziness  Yes  No  
Irregular heartbeat  Yes  No  
Shortness of breath  Yes  No  
Short of breath on exertion  Yes  No  
Palpitations  Yes  No

## Gastrointestinal

Abdominal pain  Yes  No  
Constipation  Yes  No  
Diarrhea  Yes  No  
Nausea  Yes  No  
Rectal bleeding  Yes  No  
Vomiting  Yes  No  
Blood in stool  Yes  No  
Heartburn  Yes  No  
Change in bowel habits  Yes  No

## Musculoskeletal

Joint stiffness  Yes  No  
Muscle aches  Yes  No  
Leg cramps  Yes  No  
Painful joints  Yes  No  
Swollen joints  Yes  No

## Peripheral Vascular

Absent pulses in feet  Yes  No  
Cold extremities  Yes  No  
Absent pulses in hands  Yes  No  
Pain in legs after exertion  Yes  No  
Discoloration of skin  Yes  No

## Neurologic

Dizziness  Yes  No  
Headache  Yes  No  
Memory loss  Yes  No  
Tingling/Numbness  Yes  No  
Balance difficulty  Yes  No  
Loss of strength  Yes  No  
Fainting  Yes  No