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Echocardiography Lab Patient Intake Form

Date: _____

Patient name: _____ **DOB:** _____ **Height:** _____ **Weight:** _____

Doctor ordering the study: _____

Primary care physician: _____

Reason for the study, if known: _____

Are you experiencing symptoms? (Check all that apply):

- ☐ shortness of breath ☐ chest pain or pressure ☐ palpitations/heart pounding
☐ dizziness/fainting ☐ other: _____

Have you had any of the following? (Check all that apply):

- ☐ high blood pressure ☐ coronary artery disease ☐ a heart attack ☐ congestive heart failure
☐ a stroke or "mini-stroke"
☐ an infection of the heart valve/endocarditis ☐ rheumatic fever
☐ congenital heart defect. Please specify, if known: _____
☐ aortic aneurysm or enlarged heart
☐ atrial fibrillation ☐ other arrhythmia ☐ pacemaker ☐ AICD/cardiac defibrillator
☐ a heart murmur ☐ mitral valve prolapse (MVP)
☐ abnormal valve function. Check if known which valve: ☐ aortic ☐ mitral ☐ tricuspid ☐ pulmonic

Have you had previous heart surgery? (Check those that apply):

- ☐ coronary bypass (CABG) ☐ valve surgery ☐ other _____

If you have had valve surgery, did you have a ☐ tissue valve ☐ mechanical (metal) valve

Which valve was repaired/replace ☐ aortic ☐ mitral ☐ tricuspid ☐ pulmonic

What year was your surgery: _____