



**DRUGS YOU ARE ALLERGIC TO:**

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**DRUGS NOT TOLERATED**

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# Dr. RAKESH K. BHARGAVA, MD, FRCPC, FACC **CARDIOLOGIST**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ FAMILY DOCTOR \_\_\_\_\_

OCCUPATION \_\_\_\_\_

I would like to get more information about participation in a clinical trials at at Heart care.

Please contact me by phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Did you have any of the following in last one year?**

**Date** \_\_\_\_\_

- 1 Heart attack \_\_\_\_\_
- 2 Angioplast / Stent \_\_\_\_\_
- 3 Hospitalized with stroke \_\_\_\_\_
- 4 Bypass surgery \_\_\_\_\_
- 5 Atrial Fibrillation \_\_\_\_\_
- 6 Surgery for Blockages in legs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RISK FACTORS FOR HEART DISEASE			
		Yes	No
Smoker			
High Blood Pressure			
Diabetes			
High Cholesterol			

PAST MEDICAL HISTORY				
		Yes	No	When?
Stomach ulcers				
Valve surgery				

**OTHER MEDICAL HISTORY:** COPD    ASTHMA    KIDNEY    THYROID    HIATUS    HERNIA  
 CANCER    AORTIC ANUERYSMS    POOR LEG CIRCULATION    VARICOSE VEINS

Detailed information \_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATIONS:**

NAME OF DRUG	DOSAGE	HOW MANY TIMES PER DAY

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