Trillium Vascular
ASSOCIATES

89 Queensway west
Suite 500
Mississauga, Ontario, L5B 2V2
P: 905-848-7777

Name: **Age:** **Gender: M F**

Main reason for the present visit: ____________________

Preexisting conditions:	**Yes**	**No**		
High blood pressure	☐	☐		
Diabetes	☐	☐	Insulin	☐
High cholesterol or being on medication for cholesterol	☐	☐		
Heart disease, angina, heart attack or chest pain in the past	☐	☐		
Heart surgery and or stent in the past	☐	☐	Pacemaker	☐
Kidney problems	☐	☐	Dialysis	☐
Shortness of breath, lung problems (asthma, emphysema, COPD)	☐	☐		
Minor stroke or stroke in the past	☐	☐		
Arrhythmia (irregular heart beat)	☐	☐		
Cancer	☐	☐		
Arthritis	☐	☐		
Alcohol use	☐	☐		
Smoking	☐	☐	Quit	☐
Regular physical activity	☐	☐		

Any other significant medical condition not listed above:

Medications:

Previous Surgeries:

Allergies: