

UT SOUTHWESTERN
MEDICAL CENTER

HEART, LUNG AND VASCULAR CENTER

CARDIOLOGY SERVICES

GENERAL CARDIOLOGY

James M. Atkins, M.D.
Laura J. Collins, M.D.
James de Lemos, M.D.
Lisa W. Forbess, M.D.
Joseph A. Hill, M.D., Ph.D.
Amit Khera, M.D.
Benjamin D. Levine, M.D.
Darren K. McGuire, M.D.
Gail E. Peterson, M.D.
Sharon C. Reimold, M.D.
John D. Rutherford, M.D.
Jay Schneider, M.D., Ph.D.
Berge Tasian, M.D.
John J. Warner, M.D.
DuWayne L. Willett, M.D.

ADULT CONGENITAL HEART DISEASE

M. Elizabeth Brickner, M.D.
Lisa W. Forbess, M.D.
John J. Warner, M.D.

CARDIAC IMAGING

James M. Atkins, M.D.
M. Elizabeth Brickner, M.D.
Lisa W. Forbess, M.D.
Gail E. Peterson, M.D.
Sharon C. Reimold, M.D.
Berge Tasian, M.D.
DuWayne L. Willett, M.D.

ELECTROPHYSIOLOGY

Jose A. Joglar, M.D.
Rao Naseem, M.D.
Richard C. Wu, M.D.

HEART FAILURE AND TRANSPLANT

Mark H. Drazner, M.D.
Daniel Garry, M.D., Ph.D.
Pradeep P.A. Mammen, M.D.
David Markham, M.D.

INTERVENTIONAL CARDIOLOGY

Tayo Addo, M.D.
Subhash Banerjee, M.D.
Elizabeth Holper, M.D.
John J. Warner, M.D.

PREVENTIVE CARDIOLOGY

Amit Khera, M.D.

Welcome to the UT Southwestern Program in Preventive Cardiology. We look forward to your upcoming visit and would like to provide you with some information regarding your appointment. In addition to seeing Dr. Khera, you will likely also see our registered dietitian, Susan Rodder, MS, RD, LD. It would be helpful for your visit if you could assist us with the following information:

1. Please fill out the enclosed Patient Data Form questionnaire and bring it with you to your appointment.
2. Enclosed is a Food Diary where you can record your food intake for any two days prior to your appointment. Filling out this diary will assist our dietician in making a specific assessment and recommendations for you.
3. Bring copies of your most recent blood work and any recent heart studies with you. Your most recent cholesterol tests are particularly important. You may also fax any important records to 214-645-7277; Attention: Dr. Khera.

Additional information can be found on our website:

www.utsouthwestern.edu/preventivecardiology. If you have any questions or concerns, please do not hesitate to contact us.

Again, we look forward to seeing you soon.

Sincerely,



Amit Khera, MD, MSc
Assistant Professor
Director
Program in Preventive Cardiology



Nicole Benjamin, MS, MPH, PA-C
Physician Assistant

Habits/Lifestyle

Tobacco:

Do you currently smoke cigarettes? ___yes ___no

If so, how many packs per day? _____

If so, how old were you when you started? _____

If so, have you ever tried to quit ___yes ___no

Are you a former smoker? ___yes ___no

If so, how many packs per day? _____

If so, how old were you when you started? _____

If so, how old were you when you quit? _____

Alcohol:

Do you currently use alcohol? ___yes ___no

If so, how often do you have an alcoholic beverage? _____

How many drinks do you consume when you drink alcohol? _____

Exercise:

Do you currently perform regular exercise? ___yes ___no

If so, what form of exercise do you do? _____

How many times per week? _____ How many minutes each time? _____

If not, would you like to become more active? ___yes ___no

How many hours of free time per week do you have for exercise? _____

Weight:

How much did you weigh 6 months ago? _____ One year ago? _____

Describe any weight loss methods you have tried _____

Did you ever take over the counter or prescribed medicines for weight loss? ___ yes ___no

Please describe _____

Are you interested in losing weight? ___yes ___no

Women's Health History:

If you are post-menopausal, at what age did you stop having your period? _____

Are you on estrogen replacement therapy? ___ yes ___ no

If so, how long? _____

Have you ever been on estrogen replacement therapy? ___ yes ___ no

If so, how long? _____

Family History

Please provide the following information, to the best of your knowledge

Premature heart attack is age less than 55 for a male and 65 for a female

Parents and Grandparents	History of heart attack (yes/no)	Premature heart attack (yes/no)	Stroke or other vascular disease (yes/no)
Mother			
Father			
Grandmother (Maternal)			
Grandfather (Maternal)			
Grandmother (Paternal)			
Grandfather (Paternal)			

Other Relatives	Number	Number with heart attack	Number with premature heart attack	Number with stroke or other vascular disease
Sisters				
Brothers				
Sons				
Daughters				
Aunts (Maternal)				
Uncles (Maternal)				
Aunts (Paternal)				
Uncles (Paternal)				