

# MOHAMED S. RAHMAN, M.D.

Board Certified Electrophysiologist & Cardiologist

## **Intake form:**

*Please fill/check the following information to the best of your knowledge. This information will better aid the staff and doctors in becoming acquainted with your specific needs. This form will be part of your medical record which will be kept confidential.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Referred by: \_\_\_\_\_

Why are you here today?

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Please check all the symptoms that apply to you:

- Abnormal heart Rhythm (Arrhythmia)
- Arm or Shoulder Pain or Heaviness
- Chest Pain, Pressure, or Heaviness
- Dizziness or Lightheadedness
- Fainting
- Heart Failure
- High Blood Pressure
- Leg Pain while Walking
- Palpitations or Irregular Heartbeats
- Shortness of Breath
- Swollen Calves or Ankles
- Angina
- Blue Lips or Fingernails
- Diabetes
- Enlarged Heart
- Heart attack
- Heart Murmur
- High Cholesterol
- Neck, Jaw, or Throat Discomfort
- Rheumatic Fever
- Stroke

Healthy Heart Cardiology  
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