

Cardiology Northwest

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Cardiology Northwest History Form

Please tell us the purpose of today's visit. Why were you referred to Cardiology Northwest?

Please check any items that are of concern to you and include a brief detail. If this is a recheck, please list any problems or concerns that have occurred since the previous exam.

- Doing well. No respiratory problems or changes. Appetite and activity are normal.*
- Emergency visits (date, clinic and issue)* _____

- Heart murmur (when was it heard?)* _____
- Exercise intolerance (how long and frequency?)* _____
- Breathing difficulty/coughing (how long?)* _____
- Lethargic (how long?)* _____
- Poor appetite (how long?)* _____
- Distended abdomen* _____
- Fainting/seizures (frequency)* _____

- GI signs (how long?)* _____

- Related pets with heart problems* _____

- Other recent health problems* _____

List current medication/supplements/vitamins with strength and directions. For rechecks, this is to ensure that we are both correct.
