NOVANT HEALTH

Name_____ DOB_____ Today's Date_____

Have you had any of the following studies **within the past year**?

	Study	Approximate Date	Location
☐ Yes ☐ No	EKG (Electrocardiogram)	_____	_____
☐ Yes ☐ No	Stress Test	_____	_____
☐ Yes ☐ No	Echocardiogram	_____	_____
☐ Yes ☐ No	Heart Cath	_____	_____
☐ Yes ☐ No	Other Heart Study	_____	_____
☐ Yes ☐ No	Pulmonary Function Test (Breathing Test)	_____	_____

Patient Signature:_____ Date:_____ Time:_____

Healthcare Provider Signature:_____ Date: _____ Time:_____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted _____ ☐ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)

NOVANT HEALTH

Patient Pre-Surgical Questionnaire