

Cardiovascular Medical Group of Southern California
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This information is necessary to aid your physician in understanding your medical history, risk factors, and symptoms. The information you provide is an essential part of your examination and provides the basis for your diagnosis and treatment. Therefore, it is important that you read each question carefully and provide complete and accurate answers. IF YOU DO NOT WISH TO ANSWER A QUESTION, PLEASE LEAVE IT BLANK. PLEASE COMPLETE THIS FORM BEFORE YOUR VISIT!

Health Risk Assessment Form – Follow Up

Patient Name _____

DATE _____

How do you rate your current health? Excellent _____ Good _____ Fair _____ Poor _____

Do you have any new medical problems since your last visit?

1. What other doctors are you seeing and for what conditions?
2. What medications are you on? What dosage and frequency? Please include supplements.

Past Medical History – Follow UP

What operations or procedures have you had done since your last visit?

1. What hospitalizations have you had since your last visit?
2. Have there been any changes in the medical condition of your blood relatives?
3. What medications are you allergic to?

4. Personal Data – Follow Up

1. Home phone number: _____
2. Cell phone number: _____
3. Work phone number: _____
4. Email address: _____
5. Contact information for nearest relative not living with you:
Name _____ Phone number: _____