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**Patient history: Circle yes or no**

1. History of fainting or dizziness (particularly with exercise):   yes    no
2. Seizures:                    yes    no
3. Head Injury/Loss of Consciousness:            yes    no
4. Neurological disease:       yes    no
5. Rheumatic fever:            yes    no
6. Chest pain or shortness of breath with exercise:   yes    no
7. Unexplained, noticeable change in exercise tolerance:    yes    no
8. Palpitations, increased heart rate, extra or skipped heart beat:    yes    no
9. History of High Blood Pressure:   yes    no
10. History of heart murmur (other than innocent or functional murmur):    yes    no
11. Other heart problems:    yes    no
12. Viral illness with chest pain or palpitations:        yes    no
13. Asthma:                    yes    no
14. Vision or Hearing problems:    yes    no
15. Current medications prescribed: \_\_\_\_\_
16. Current Over the Counter Medications: \_\_\_\_\_
17. Health supplements/vitamins: \_\_\_\_\_

Please explain "yes" answers: \_\_\_\_\_

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**Family history: Circle yes or no**

1. Sudden or unexplained death in someone young:   yes    no
2. Sudden cardiac death or "heart attack" in members <35 years of age:   yes    no
3. Sudden death during exercise:    yes    no
4. Cardiac Arrhythmias:            yes    no
5. Hypertrophic cardiomyopathy (HCM):    yes    no
6. Other cardiomyopathy (ex. dilated cardiomyopathy, right ventricular cardiomyopathy/right ventricular dysplasia):        yes    no
7. Long QT syndrome, short QT syndrome or Brugada Syndrome:        yes    no
8. Wolff-Parkinson-White Syndrome (WPW) or abnormal rhythm conditions:    yes    no
9. Event requiring resuscitation in members <age 35, including syncope:        yes    no
10. Marfan syndrome:            yes    no
11. Neurological diseases:        yes    no
12. Attention-Deficit Hyperactivity disorder:            yes    no
13. Learning disabilities:        yes    no
14. Pervasive developmental disorders, Asperger's, Autism, Mental retardation:    yes    no
15. Mood disorders such as Major Depression or Bipolar disorder:        yes    no
16. Anxiety disorders (social, performance, general, panic, etc.):        yes    no
17. Obsessive Compulsive Disorder:        yes    no
18. Tic disorders/Tourette's disorder:        yes    no
19. Addiction (alcohol, drugs, sex, gambling, pornography, etc.):        yes    no
20. Legal problems/Violence:        yes    no

Please explain "yes" answers: \_\_\_\_\_

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