



My Heart Cardiology

POTS Patient History Form

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- 147 Moreland Road, Coburg VIC 3058
- 38-40 Gap Rd, Sunbury VIC 3429
- 5 Neal Street, Gisborne VIC 3437
- 182 Station Rd, New Gisborne VIC 3438
- 89 Piper St, Kyneton VIC 3444

Patient's Details

Full Name: _____

Date of Birth: _____ Medicare number: _____

Phone/Mobile: _____ Address: _____

History

Onset of symptoms date: _____

Self-description of symptoms: _____

Medical history preceding symptoms: _____

Family history: _____

Current Medications

Please include all prescribed medications, OTC, current supplements, and anything that has worked the best:

Common Symptoms

- Brain fog
- Post exertional malaise
- Light-headedness
- Palpitations
- Heat intolerance
- Cold intolerance
- Tingling or pain in fingers/feet
- Bladder problems (difficulty urinating)
- Bowel problems
- Gait disturbance (walking changes)
- Reflux or swallowing difficulties
- Lower limb swelling
- New tremor

Hypermobility Questionnaire

Can you now [or could you ever] place your hands flat on the floor without bending your knees?	Yes	No
Can you now [or could you ever] bend your thumb to touch your forearm?	Yes	No
As a child, did you amuse your friends by contorting your body into strange shapes or could you do the splits?	Yes	No
As a child or teenager, did your kneecap or shoulder dislocate on more than one occasion?	Yes	No
Do you consider yourself "double-jointed"?	Yes	No

Patient's Signature

Name: _____

Date: _____ Signature: _____