HEALTHY HEART CARDIOLOGY | MOHAMED S. RAHMAN, M.D.
Board Certified Electrophysiologist & Cardiologist

Intake form:

Please fill/check the following information to the best of your knowledge. This information will better aid the staff and doctors in becoming acquainted with your specific needs. This form will be part of your medical record which will be kept confidential.

Name: ____ Date of Birth: ____________________

Age: __________ Sex: ___________ Height: ____________

Primary Care Doctor: ________________________ Referred by: ________________________

Why are you here today?

____

____

____

Please check all the symptoms that apply to you:

- Abnormal heart Rhythm (Arrhythmia)
- Arm or Shoulder Pain or Heaviness
- Chest Pain, Pressure, or Heaviness
- Dizziness or Lightheadedness
- Fainting
- Heart Failure
- High Blood Pressure
- Leg Pain while Walking
- Palpitations or Irregular Heartbeats
- Shortness of Breath
- Swollen Calves or Ankles
- Angina
- Blue Lips or Fingernails
- Diabetes
- Enlarged Heart
- Heart attack
- Heart Murmur
- High Cholesterol
- Neck, Jaw, or Throat Discomfort
- Rheumatic Fever
- Stroke

Healthy Heart Cardiology
Dr. Mohamed Rahman M.D.
425 N Highland Ave Ste 110 Sherman, Texas 75092
Phone: (903) 251-3252 Fax: (903) 487-2610