



CARDIAC ARRHYTHMIA INSTITUTE

SIDNEY PEYKAR, M.D., F.A.C.C.

CLINICAL CARDIAC ELECTROPHYSIOLOGY
COMPLEX ARRHYTHMIA ABLATION
AND CARDIAC DEVICES

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Name: _____

Family History

	Living/ Deceased	Cardiac Related Problems
Mother	L / D	
Father	L / D	
Sister	L / D	
Brother	L / D	
Son	L / D	
Daughter	L / D	

Social History

Do you smoke? Y / N

How many packs a day? _____

Did you used to smoke? Y / N

If so, for how many years? _____

When did you quit? _____

Do you currently drink alcohol?

If so, how many times/drinks per week? _____