



**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: _____

Medical History

	Y/N	Year Diagnosed	Year Resolved	Doctor
Hypertension				
Diabetes Type 1 Type 2				
Stroke				
Heart Attack				
Sleep Apnea				
Overnight Pulse Ox		N/A	N/A	
Sleep Study		N/A	N/A	
Coronary Artery Disease				
Congestive Heart Failure				

Allergies to Medications

1. _____ Reaction _____
2. _____ Reaction _____
3. _____ Reaction _____