Cardiology Progress Note.

Patient ID:

Chief Complaint and History of Present Illness (Check all that apply)

Location

Chest/Lungs	Coronary Arteries	Peripheral	Cardiac Structure	Hypertension	EP System
□Chest Pain	□CAD - chronic	□Claudication	□CHF	□Systemic	□Abnormal EKG
□SOB	□Angina	□Lower Ext	□Cardiomyopathy	□Pulmonary	□Dizziness
□Palpitations	□Non-STEMI	□Renal	□Valve Disease	□Renal	□ Syncope
	□ ST elevation MI	□ Carotid	□Pericarditis	Edema	□ Bradycardia
				□Lower Extremity	□ Tachycardia
				□Pulmonary	□ Atrial Fibrillation
					□ SVT
					□ VT
					□ Heart block

Blood Particulates: □Hyperlipidemia □Elevated Renal Function □BNP □Elevated Cardiac Enzymes □Other:_____

Symptoms: □ Asymptomatic □ Symptoms documented above □ Other (specify)

Duration: □ New onset □ 0-6 Months □ 6-12 Months □ Over 1 Year

Severity: □ Trivial □ Mild □ Moderate □ Severe

Modifying Factors: □ NONE □ worse with exertion □ improved with Rx □ Other:

Daily Review of Systems (complete the most pertinent systems)

Constitutional: □ Negative □ fever □ chills □ weight change □ fatigue

Respiratory: □ Negative □ cough □ wheezing □ dyspnea □ hemoptysis

Cardio: □ Negative □ chest pain □ arrhythmia □ Other:

GI: □ Negative □ diarrhea □ constipation □ change in bowel habits

Extremities: □ Negative □ ulcers □ hot/cold ext. □ swelling □ edema

□A complete history could not be obtained because of the following reason:

Exam

Constitutional (may be completed by staff) B/P:_____ Pulse:_____ Resp. Rate:_____ Temp:____

Respiratory: Effort □ Adequate □ Suboptimal □ Clear to auscultation □ No crackles □ No Rales

Cardio:

Point of maximal impact: □ Non-Displaced

Rhythm: □ Regular □ Regularly Irregular □ Irregularly Irregular:

Heart Sounds: □ S1&S2 Normal □ No Murmur/rubs/gallops:

Peripheral: □ No Carotid Bruit □ No Jugular Venous Distention □ Normal Peripheral pulses

Neuro: Alert and Oriented: □x1 □ x2 □ x3 □ No focal weakness □ No dementia □ Grossly Intact

□ Old Records Reviewed (summarized above)

□ EKG/RS/Image Independently visualized

□ Case discussed with nurse or physician

□ Counseling or coordination of care dominated this visit.

Unit/Floor Time: □ 15 min □ 25 min □ 35 min (Describe) Signed: Dated:

NOTES