MERCY

3PPN

TOLEDO CARDIOLOGY CONSULTANTS

HISTORY AND PHYSICAL / CONSULT

Date: **Time:** **Dictation#**

Chief Complaint / Diagnosis:

Past Medical History / Cardiac History

	+/ Yes		+/Yes	Date		+/Yes	Date
Hypertension		Minimal CAD			A. Fib		
Hyperlipidemia		PTCA/Stent			A. Flutter		
Diabetes		CABG			V. Tachycardia		
Renal Failure		EF < 35%			Sinus Brady		
Vascular Disease		EF 35-50%			Pauses		
CVA		EF > 50%			Cardioversion		
COPD		Aortic V Repl			Ablation		
Thyroid Disease		Mitral V. repl			Pacemaker		
Morbid Obesity		ASD / VSD Repair			Defibrillator		

Stents

LAD		D1	
LCX		OM	
RCA		PDA	

CABG Date:

LIMA	
SVG-1	
SVG-21	
SVG-3	
Radial	

Social History:

Smoking	
ETOH	
Drugs	

Family History:

CAD	
DM	
HLP	
Cancer	

Psychiatric History

Anxiety	
Depression	

Allergies

Shell Fish	

Review of System / Active Problems:

Pulmonary		OB/GYN	
GI		Neurology	
Endocrinology		Vascular	
Renal / Urology		Musculoskeletal	

Physical Exam:

BP		HR		RR		Wt	

	Normal	Positive Finding
HEENT		
Neck Auscultation		
JVD		
Lung		
Abdomen		
LE		
Neurological Exam		

Heart Auscultation	Normal	Abnormal Finding
S1-S2		
S3 or S4		
Heart Systolic Murmur		
Heart Diastolic Murmur		
Abdominal Bruit		

New Labs

Trop-1		Trop-2		Trop-3		CK		CK-MB%		BNP	

Chol		LDL		HDL		TG		AST		ALT	

NA		BUN		PT		WBC		TSH		Gluc	
K		CR		INR		Hgb		T3		HgbA1c	
Mg		GFR		PTT		HCT		T4		Dig Level	
						PLT				Amio Level	

EKG :	EchoCardiogram Date:
Stress Tests:	AICD / PPM Interrogation:

Current Home Medications

Name	+/Yes	Dose	frequency	Name	+/Yes	Dose	Frequency

TCC Physician: Signature: Date & time

Assessment	**Treatment Plan**

TCC Physician: Signature: Date & time