


**TOLEDO CARDIOLOGY CONSULTANTS
HISTORY AND PHYSICAL / CONSULT**

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

Chief Complaint / Diagnosis:

Past Medical History / Cardiac History

+/ Yes		+/Yes		Date	+/Yes		Date	Stents			
Hypertension		Minimal CAD			A. Fib			LAD		D1	
Hyperlipidemia		PTCA/Stent			A. Flutter			LCX		OM	
Diabetes		CABG			V. Tachycardia			RCA		PDA	
Renal Failure		EF < 35%			Sinus Brady			CABG Date:			
Vascular Disease		EF 35-50%			Pauses			LIMA			
CVA		EF > 50%			Cardioversion			SVG-1			
COPD		Aortic V Repl			Ablation			SVG-21			
Thyroid Disease		Mitral V. repl			Pacemaker			SVG-3			
Morbid Obesity		ASD / VSD Repair			Defibrillator			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	
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	Normal	Positive Finding		Normal	Abnormal Finding
HEENT			Heart Auscultation		
Neck Auscultation			S1-S2		
JVD			S3 or S4		
Lung			Heart Systolic Murmur		
Abdomen			Heart Diastolic Murmur		
LE			Abdominal Bruit		
Neurological Exam					

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3PPN

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:

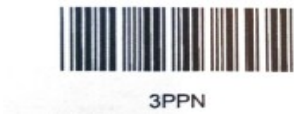
Current Home Medications

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

TCC Physician:

Signature:

Date & time



<u>Assessment</u>	<u>Treatment Plan</u>

TCC Physician:

Signature:

Date & time