

# Cardiology Outpatient Assessment and Treatment Record

## 1. Patient Demographics & Visit Information

Patient Full Name:	<input type="text"/>	Medical Record Number (MRN):	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Date of Visit:	<input type="text"/>
Attending Cardiologist:	<input type="text"/>	Referring Provider:	<input type="text"/>

## 2. Vital Signs & Initial Measurements

Blood Pressure (mmHg):	<input type="text"/>	Heart Rate (bpm):	<input type="text"/>	Pulse Rhythm:	<input type="text"/>
Respiratory Rate (rpm):	<input type="text"/>	SpO2 (%):	<input type="text"/>	Temperature (C/F):	<input type="text"/>
Weight (kg/lbs):	<input type="text"/>	Height (cm/in):	<input type="text"/>	BMI:	<input type="text"/>

## 3. Clinical Presentation & Subjective Assessment

Chief Complaint / Reason for Visit:	<input type="text"/>
Chest Pain / Angina Details (Severity, Radiation, Duration):	<input type="text"/>
Dyspnea / Shortness of Breath Status (NYHA Class):	<input type="text"/>
Palpitations / Syncope History:	<input type="text"/>
Relevant Cardiac Past Medical History:	<input type="text"/>

## 4. Cardiovascular Physical Examination

Jugular Venous Distension (JVD):	<input type="text"/>	Carotid Bruits:	<input type="text"/>
Heart Auscultation (S1, S2, Murmurs, Gallops):	<input type="text"/>		
Lung Auscultation (Crackles, Wheezing):	<input type="text"/>	Peripheral Pulses (Radial, Dorsalis Pedis):	<input type="text"/>
Peripheral Edema (Location, Grading):	<input type="text"/>		

## 5. Diagnostic Investigations & Labs

12-Lead ECG Findings (Rhythm, Intervals, Axis):	<input type="text"/>
Echocardiogram (EF %, Valve Function, Wall Motion):	<input type="text"/>
Cardiac Stress Test / Imaging Results:	<input type="text"/>
Relevant Labs (Troponin, BNP, Lipid Panel, Cr, K+):	<input type="text"/>

## 6. Clinical Assessment, Diagnosis & Treatment Plan

Primary Cardiology Diagnosis:	<input type="text"/>
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Secondary Diagnoses / Comorbidities:	<input type="text"/>
Active Cardiovascular Medications & Dosage changes:	<input type="text"/>
Recommended Interventions / Procedures:	<input type="text"/>
Diet, Exercise & Lifestyle Modifications:	<input type="text"/>
Follow-up Timeline & Red Flag Warnings:	<input type="text"/>

Cardiologist Signature:  Date: