UNIVERSITY OF MEDICAL CENTER
CARDIOLOGY ATTENDING NOTE

DATE ___/___/____ TIME _______ UNIT _______

☐ PT interviewed and examined by me
☐ Resident's HPI/ROS/PFSH reviewed/I agree
☐ CCU ☐ PCU ☐ Consult _______ Service
Reason for consult/Referring MD: ____________________________
CC: ____________________________

P ATIENT IDENTIFICATION

ROS: 0 = No + or √ = Yes
Cardiovascular: see HPI
Constitutional
☐ fever, chills, night sweats
☐ fatigue, weight loss
Skin: ____________
HEENT:
☐ EYE vision change or eye sx
☐ ENT ear or sinus problems
Pulmonary
☐ asthma ☐ cough
☐ GU urinary symptoms
☐ GI known GI problem
☐ heartburn or indigestion
☐ recent nausea or vomiting
☐ abdominal pain
☐ melena
Musculoskeletal
☐ arthritis or arthralgias
☐ gout
Neurologic
☐ headache
☐ previous TIA/CVA
Psychiatric
☐ chronic psych meds
☐ depression
☐ all other ROS negative
☐ pt. unable / reason:
☐ family not available
Past Med / Surg History:

Cardiovascular ROS:
☐ chest pain __________________ dyspnea __________________ orthopnea ______ PND
☐ edema ___ palpitations ___ dizziness ___ syncope
☐ Known cardiac disease: CAD ___ Previous MI ___ Previous CABG ___ Previous PTCA
☐ CHF (etiology _______ )___ Arrhythmia _______ Hypertension - controlled
☐ Valve disease (etiology _______ )___ Allergies: _______ None known ___ Med reactions
Meds: _________________________ No changes since admission ___ I reviewed list in fellow / resident / student note

Coronary Risk Factors: ___ Post-menopause ___ RBP ___ DM ___ Smoking ___ Hyperlipidemia
Social History: ___ Smoking ___ Drug abuse ___ EtOH ___ Occupation:
Family History: ___ CV disease ___ HBP ___ DM ___ Renal disease ___ Cancer ___ Other:

Physical Exam: BP: _______ P. _______ R: _______ Weight: _______ Height: _______ T (max):
Ventilation: ___ RA ___ NC O2 @ _______ 1/min Pulse ox: _______%
Mechanically Ventilated: Mode _____ PS _____ TV _____ Peep _____ PTO
General Appearance: _______ NAD _____
HEENT: ___ EOMI / PERRLA ___ conjunctiva / lid WNL ___ ENT grossly intact ___ Oral mucosa intact
Neck: ___ masses / thyromegaly ___ JVP [est. cm]: _____ HFR _______ Carotids (strokes):
Pulmonary: ___ Respiratory effort: ___ labored ___ clear ___ rales ___ wheezes or rhonchi
Cardiovascular: ___ Apical impulse: ___ Normal ___ Indeterminate ___ Enlarged / displaced
☐ S1 _______ S2 _______ S3 _______ S4
Murmurs: ___ None ___ systolic ___ diastolic ___ rub ___ Other findings:

Abdomen: ___ soft ___ tenderness / masses ___ hepato/splenomegaly ___ bowel sounds ___ bruise ___ Stool Guaiac

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(Rev. 4/02) White Copy - Patient's Chart Yellow Copy - Abstraction Pink Copy - Division
**UNIVERSITY OF MEDICAL CENTER**
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- **Lymphatic:** □ adenopathy
- **Femoral Pulses:** □ intact
- **Extremities:** □ cyanosis / clubbing □ peripheral edema
- **Pulses:** □ normal / symmetric □ Abnormal
- **Musculoskeletal:** □ normal muscle strength □ normal motion
- **Skin:** □ rashes / lesions / ulcer
- **Neurologic:** □ alert & oriented □ normal mood & affect

**Laboratory Data:** □ I reviewed lab data and key abnormalities/changes are noted. □ No important change.

| Chem | Ca ________ | P ________ | Mg ________ | Uric acid ________ |
| Cardiac enzymes (peak): CK ________ | CK-MB ________ | Troponin ________ |
| Lipid profile: Total cholesterol ________ | Triglycerides ________ |
| HDL ________ | LDL ________ |

| LFT's: |  |
| CBC: | WBC ________ | H/H ________ | Platelets ________ | Diff ________ |
| PT ________ | PTT ________ | INR ________ | Other: ________ |

- **ECHO:** □ I reviewed report □ I personally reviewed this study
- **Stress Test (type ________):** □ I reviewed report □ I personally reviewed this study
- **Cath:** □ I reviewed report □ I personally reviewed this study

| Swan-Ganz: | PCWP ________ | PA ________ | RA ________ | CO/CI ________ | SVR ________ |

- **CXR:** □ I reviewed report □ I personally reviewed image
□ I personally reviewed serial EKG’s  Rhythm: ________ Abnormalities: ________

**Key Problems:**  
**Cardiac Diagnosis:**

**Assessment and Recommendations**

- □ Records and / or summaries reviewed □ Discussed case with

*TP Use only where Counseling/Coordination of Care Dominates (>50%)

□ Total TP hospital time this service (_______) minutes or Total face to face with patient in office (_______) minutes
□ Total time spent in counseling/coordinating care (_______) minutes  Description of counseling/coordinating care: ________
□ Critical Care: Time/24 hr ________ minutes
□ High probability of sudden, clinically significant, life threatening deterioration due to ________

Print Attending Name: ___________________________  Signature: ___________________________

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