Baseline History and Physical

Patient: _______________________________________________________

Date: ____________________________

Occupation: ______________________________________________________

Presenting Problem: ________________________________________________

________________________________________________________________________

________________________________________________________________________

HPI: (Symptoms)

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CNS: ○ numbness ○ paralysis ○ speech disturbance ○ amaurosis
CVS: ○ exertional chest pain: CCS grade ___/IV ○ resting angina ○ nocturnal angina
       ○ SOB grade ____/IV ○ orthopnea ○ pnd: ○ edema ○ claudication ___blocks
       ○ palpitations ○ dizziness ○ syncope
RS: ○ cough ○ sputum ○ hemoptysis ○ wheezing ○ asthma
GI: ○ heartburn ○ gas ○ indigestion ○ dysphagia ○ reflux
GU: ○ nocturia ○ frequency
Hem: ○ bleeding ○ bruising
MSK: ○ myalgia
Other: _____________________________________________________________

Key: ● condition present ○ condition absent ○ not asked/assessed
## Baseline History and Physical

<table>
<thead>
<tr>
<th>Cardiac History</th>
<th>Yes</th>
<th>No</th>
<th>Date(y/m/d)</th>
<th>Duration/Location/Procedure/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Angina</td>
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<tr>
<td>Unstable Angina</td>
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</tr>
<tr>
<td>Previous MI</td>
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<tr>
<td>Cath</td>
<td></td>
<td></td>
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<tr>
<td>Previous PTCA</td>
<td></td>
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<tr>
<td>Previous CABG</td>
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<tr>
<td>Valve Surgery</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

### Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Y</th>
<th>N</th>
<th>Duration</th>
<th>Therapy</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Hyperlipidemia</td>
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<tr>
<td>Smoking</td>
<td></td>
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<tr>
<td>Family history of premature CHD in 1° relative (M ≤ 55/ F ≤ 65)</td>
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</tr>
</tbody>
</table>

### PMH:
- CVA
- TIA
- Rheumatic fever
- Heart murmur
- PUD
- Hiatus Hernia
- TB
- SBE
- Bleeding disorder
- Cancer
- Other

### Allergies:
- None
- Coffee/Tea: cups/day
- Alcohol: /day/week

### Medications:

<table>
<thead>
<tr>
<th>Medications:</th>
<th>Agent</th>
<th>Dose</th>
<th>Adjustment</th>
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</thead>
<tbody>
<tr>
<td>ASA</td>
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<td></td>
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<tr>
<td>Other platelet inhibitor</td>
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<tr>
<td>Coumadin</td>
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<tr>
<td>Digoxin</td>
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<tr>
<td>Diuretic</td>
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<tr>
<td>Beta-blocker</td>
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<tr>
<td>Calcium channel blocker</td>
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<tr>
<td>Nitrate</td>
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<tr>
<td>ACE-I</td>
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<tr>
<td>A-II receptor blocker</td>
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<tr>
<td>Statin</td>
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<tr>
<td>Fibrate</td>
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<tr>
<td>Ezetimibe</td>
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<tr>
<td>Oral hypoglycemic 1</td>
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<tr>
<td>Oral hypoglycemic 2</td>
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<td></td>
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<tr>
<td>Oral hypoglycemic 3</td>
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<tr>
<td>Insulin</td>
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</tbody>
</table>

**Key:** ● condition present ○ condition absent ○ not asked/assessed
Baseline History and Physical

Physical Exam: Height _______ cm/ft-in  Weight _______ kg/lb  BMI: _______ (Normal < 25 Kg/m^2)
Waist circumference: _______ cm/in  [abdominal obesity = waist >100 cm (men); >90 cm (women)]
General Appearance: ○ cyanosis ○ clubbing ○ arcus senilis ○ xanthelasma ○ xanthoma ○ dyspnea
Other: ____________________________________________________________

HR: _____  BP: R _____/_____  L _____/_____  lying
HR: _____                    R _____/_____  L _____/_____  sitting
HR: _____                    R _____/_____  L _____/_____  standing
HR: _____                    R _____/_____  L _____/_____  10” rest ○lying ○ sitting
 RR: _______

Fundi: ___________________ Retinopathy ○ Hypertensive - grade __/IV ○ Diabetic - grade __/IV
Thyroid: ____________________________________________________________
JVP: Height _____ cm > SA at _____ ° Waveform ○ A ○ x’ ○ C ○ V ○ y  HJR +/-  Kussmaul’s +/-
Carotid: ○ normal ○ delayed ○ brisk ○ bifid  Volume: ○normal ○ increased ○ decreased
A^2 audible over carotid? ○ Yes ○ No (if not audible: AV mean gradient ≥ 50 mm Hg i.e.severe AS)
Carotid Bruit: ○ right ○ left / Subclavian Bruit: ○ right ○ left / Vertebral Bruit: ○ right ○ left
Chest: Trachea ___________________ Inspection ___________________ Expansion ___________________
Percussion __________________________________________________________________________

Precordium: ○ Normal ○ Thrill ○ Heave ○ Lift ○ Describe ________________________________ ○ P2 palpable
Apex: ○ Normal ○ Not palpable  Location ___________________ Size ___________________
Dynamic Qualities: ○ Hyperdynamic ○ Sustained ○ Other ________________________________
(In CAD: ○ Palpable S4/apex not sustained-EF>50% ○ palpable S4/apex sustained-EF 40-50% ○
No palpable S4/apex sustained-EF<40%)

Heart Sounds: S1 ○ normal ○ ↑ ○ ↓ ○ variable ○ Split ○ Other ________________________________
S2 ○ single ○ physiologically split ○ paradoxically split ; A2 ○ ↑ ○ ↓ ; P2 ○ ↑ ○ ↓
S3 ○ absent ○ present
S4 ○ absent ○ present
Opening Snap ○ present  A2-OS ○ wide ○ medium ○ narrow
Pericardial knock ○ present
Pericardial rub ○ present; ○ monophasic ○ biphasic ○ triphasic
Ejection click ○ present
Non-ejection click ○ present

Murmurs: Systolic ○ ejection ○ regurgitant ○ mid (if more than one-place number in circle)
__ Intensity __/6  Location ___________ Radiation ___________
__ Intensity __/6  Location ___________ Radiation ___________

Diastolic ○ regurgitant ○ inflow rumble (if more than one-number in circle)
__ Intensity __/6  Location ___________ Radiation ___________
__ Intensity __/6  Location ___________ Radiation ___________

Abdomen: ○ Liver ____________________________________________________________
○ Spleen ____________________________ ○ Aneurysm: size _______ ○ Bruit: location_________

Mass ______________________
Pulses: 0 = absent; ↓ (1) = reduced; N (2) = normal; ↑ (3) = increased; † (4) A = aneurysmal
Bruit + = present; 0 = absent

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Bruit</th>
<th>Left</th>
<th>Bruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femoral</td>
<td></td>
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<tr>
<td>Popliteal</td>
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<tr>
<td>Posterior Tibial</td>
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<tr>
<td>Dorsal Pedis</td>
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</tbody>
</table>

Key: ● condition present ○ condition absent ○ not asked/assessed

Ottawa Cardiovascular Centre
Cardiac History/Physical Template Jan 04
Baseline History and Physical

ECG:

_____________________________________________________________________________________

_____________________________________________________________________________________

CXR:

_____________________________________________________________________________________

_____________________________________________________________________________________

LAB:

NA _____ K _____ Cl _____ CO2 _____ Urea _____ Cr _____ TSH_____
Hb____ Hct____ WBC____ PC____ INR____
Total TC_____ TG____ LDL_____ HDL_____ TC/HDL (N 4:1)_____ LDL/HDL (N3:1)_____
Other:________________________________________________________________________________
_____________________________________________________________________________________

TMT:

_____________________________________________________________________________________

_____________________________________________________________________________________

Nuclear Perfusion Study:  ❍ Stress  ❍ Persantine ❍Thallium ❍ MIBI/Myoview

_____________________________________________________________________________________

Gated Nuclear Angiogram (GNA/RNA/MUGA):

_____________________________________________________________________________________

ECHO/Doppler:

_____________________________________________________________________________________

Other:

_____________________________________________________________________________________

ASSESSMENT:

1.____________________________________________________________________________________
2.____________________________________________________________________________________
3.____________________________________________________________________________________
4.____________________________________________________________________________________
5.____________________________________________________________________________________
6.____________________________________________________________________________________

PLAN:

1.____________________________________________________________________________________
2.____________________________________________________________________________________
3.____________________________________________________________________________________
4.____________________________________________________________________________________
5.____________________________________________________________________________________
Follow-up:  ❍ 1 month  ❍ 2 months  ❍ 3 months  ❍ 6months  ❍1 year  ❍ other______________

Signature:____________________________________ Date:__________________________

Key: ❍ condition present ❍ condition absent ❍ not asked/assessed

Ottawa Cardiovascular Centre