



6913

CARDIOLOGY PC – CONSULTATION / ADMISSION REPORT

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CONSULT
 Req By: _____

ADMISSION
 PRIMARY CARE MD: _____

History of Present Illness:

• location • severity • timing • modifying factors • quality • duration • context • assoc. signs/sx

= Normal / ABNORMALS are explained

Review Of Systems:

<input type="checkbox"/> constitutional _____	<input type="checkbox"/> skin _____
<input type="checkbox"/> GU _____	<input type="checkbox"/> cardiac _____
<input type="checkbox"/> neurological _____	<input type="checkbox"/> vascular _____
<input type="checkbox"/> ENT _____	<input type="checkbox"/> endocrine _____
<input type="checkbox"/> Hematological/lymphatic _____	<input type="checkbox"/> musculoskeletal _____
<input type="checkbox"/> allergy/immunologic _____	<input type="checkbox"/> respiratory _____
<input type="checkbox"/> GI _____	<input type="checkbox"/> psychiatric _____
<input type="checkbox"/> eyes _____	<input type="checkbox"/> all others neg _____

Past Family Social History:

PMH: _____

FHx _____

SHx: tobacco: Yes No Quit _____ ETOH: Yes No

Marital status: S M D W P Working: Yes No

Explanation: _____

Medications: _____

Allergies: _____



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= Normal / ABNORMALS are explained

PE:

General Appearance:

well developed well nourished stated age comfortable distressed skin: warm/dry
 explanation: _____

Vital Signs:

HR: _____ regular irregular BP: R _____ L _____ Resp Rate: _____
 ht _____ wt _____

HEENT:

JVP nl _____ -OR- Thyroid nl _____
 Carotid nl upstroke no bruits _____
 Adenopathy absent _____ Sclera nl _____
 Oral mucosa nl _____ -OR- Dentition _____

Chest/Lungs:

Resp effort nl _____ Auscultation nl _____

Heart :

PMI nl _____ Auscultation nl _____

Abdomen:

Bowel sounds nl _____ Tenderness none _____
 Liver/spleen nl _____ Masses none _____
 (if anticoagulation indicated) – Stool/occult negative _____
 Abd Aorta nl size _____ Bruit none _____

Extremities:

Pulses – Femoral R nl _____ L nl _____ bruit _____
 Pedal R nl _____ L nl _____ Popliteal R nl _____ L nl _____
 Edema none _____ Clubbing none _____ -OR-
 Cyanosis none _____ Dermatitis/ulcers none _____

Musculoskeletal:

Muscle strength nl _____ -OR- Gait nl _____

Neurologic:

Oriented x 3 nl _____ Mood/affect nl _____

Electrocardiogram: nl _____

Data Reviewed: _____

Diagnosis: _____

Plan: _____

Orders Written / Procedures Ordered: _____

Signature: _____ Date: _____ Time: _____