History and Physical and Consultation

Social History: Smoking _____. Drinking _____. Drugs _____.

Allergy: _____.

Medication: _____.

Prior Illness: _____.

Prior Surgery: _____.

Prior Cardiac Testing: _____.

Family History: _____.

History of Present Illness: _____.

Review of Systems: _____.

Physical Exam: No complaints.
1. General: _____.
2. Vital Signs: _____.
3. HEENT: _____.
4. Heart: _____.
5. Chest: _____.
6. Abdomen: _____.
7. Extremity: _____.
8. Neurology: _____.

Diagnostic Data:
1. Hematology: _____.
2. Chemistry: _____.
3. Cardiac Marker: _____.
4. Bacteriology: _____.
5. EKG/Echo: _____.
6. X-rays: _____.

Assessment:

1. _____.
2. _____.
3. _____.

Plan:

1. _____.
2. _____.
3. _____.