

Medical Record #: 4958121-19613

Patient Name: Khan Anees

Location: METW

Admit Date: 5/19/2017

Discharge Date: 5/19/2017

Physician: D1449218

Demographic	Age: ____ or Date of Birth: 11/10/1974__ Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> white <input type="checkbox"/> black/african american <input checked="" type="checkbox"/> asian <input type="checkbox"/> hispanic <input type="checkbox"/> native american <input type="checkbox"/> multiracial <input type="checkbox"/> other <input type="checkbox"/> don't know
Cardiac Diagnosis	<input checked="" type="checkbox"/> Chest pain, r/o MI <input type="checkbox"/> Confirmed AMI <input type="checkbox"/> CHF, Pulmonary edema <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Syncope <input type="checkbox"/> Cerebral vascular disease <input type="checkbox"/> Peripheral vascular disease
Procedures	<input checked="" type="checkbox"/> None <input type="checkbox"/> Cardiac catheterization <input type="checkbox"/> PTCA <input type="checkbox"/> PTCA with stent <input type="checkbox"/> PCI <input type="checkbox"/> PVG <input type="checkbox"/> ETT <input type="checkbox"/> Nuclear ETT <input type="checkbox"/> Coronary artery bypass graft <input type="checkbox"/> Cardiac valve <input type="checkbox"/> MUGA <input type="checkbox"/> Other
What does the patient's past history include	<input type="checkbox"/> Previous MI <input type="checkbox"/> Angina <input type="checkbox"/> Heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Smoker (within the past year) <input checked="" type="checkbox"/> No regular exercise (<30min. 3x/wk) <input type="checkbox"/> PVD <input type="checkbox"/> Stroke <input type="checkbox"/> COPD <input type="checkbox"/> Artificial fibrillation <input type="checkbox"/> None of the above
Height/Weight:	Hgt: <u>68</u> inches Wgt: <u>117</u> lbs BMI: <u>17</u>
Blood pressure:	<u>104</u> / <u>74</u> mm/Hg
Lipids, HbA1C (if diabetic)	Total Chol: <u>154</u> mg/dL HDL: <u>61</u> mg/dL LDL: <u>82</u> mg/dL Triglycerides: <u>61</u> mg/dL HbA1C: ____ mg/dL
Ejection fraction:	____ %
Discharge Status:	<input checked="" type="checkbox"/> 01 - Discharge home <input type="checkbox"/> 07 - Left against advice <input type="checkbox"/> 02 - Discharge to another hospital <input type="checkbox"/> 10 - Transfer to chronic or rehab hospital <input type="checkbox"/> 03 - Discharge to skilled nursing facility (SNF) <input type="checkbox"/> 11 - Discharge to mental health setting <input type="checkbox"/> 04 - Discharge to intermediate care facility (ICF) <input type="checkbox"/> 12 - Discharge other <input type="checkbox"/> 06 - Discharge home health care organization <input type="checkbox"/> 20 - Expired
Antiplatelets/coagulants:	<input type="checkbox"/> Aspirin (80-325 mg/d) <input type="checkbox"/> Coumadin (Warfarin) <input type="checkbox"/> Ticlid/Plavix/Other <input type="checkbox"/> Check if taking prior to admission <input type="checkbox"/> Contraindications
ACE Inhibitors:	<input checked="" type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> Taking prior to admission <input type="checkbox"/> ACE contraindicated, ARB: _____
Beta Blockers	<input checked="" type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> Taking prior to admission
Cholesterol Reducer	<input checked="" type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> Taking prior to admission
Other meds at discharge	<input type="checkbox"/> Ca++ channel blockers <input type="checkbox"/> Other anti-hypertensive <input type="checkbox"/> Nitrates <input type="checkbox"/> Digoxin <input type="checkbox"/> Diuretics <input type="checkbox"/> Diabetes medication <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
Referred to outpatient Cardiac Rehab Program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Risk Interventions	<input type="checkbox"/> smoking cessation <input type="checkbox"/> weight management <input type="checkbox"/> activity recommendation <input type="checkbox"/> low cholesterol diet (Step II AHA or equivalent) <input type="checkbox"/> anti-hypertensive diet

