Heart and Cardiovascular Assessment

Name: _____ **Date:** _____

Age: _____ **Gender:** _____

History

Review of history related to heart and cardiovascular system:

YES/NO			If YES, provide details:
General			
☐	☐	Smoking	_____
☐	☐	Fatigue	_____
☐	☐	Overweight/obesity	_____
☐	☐	Level of stress	_____
☐	☐	Exercise	_____
☐	☐	Alcohol consumption	_____
☐	☐	Diet	_____
☐	☐	Diabetes mellitus	_____
Cardiovascular			
☐	☐	Cardiac disease history	_____
☐	☐	Chest pain or tightness	_____
☐	☐	Irregular heartbeat	_____
☐	☐	Unexplained dizziness	_____
☐	☐	Blood pressure problems	_____
☐	☐	Shortness of breath	_____
☐	☐	Orthopnea	_____
☐	☐	Cough	_____
☐	☐	Edema or cold hands or feet	_____
☐	☐	Color changes/hands	_____
☐	☐	Color changes/lower legs or feet	_____
☐	☐	Swelling/ankles or legs	_____
☐	☐	Nocturia	_____

Focused symptom analysis of current problem:

Reason for visit: _____

_____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Current medications (note hormones):

_____

Social history (fitness/exercise, stress reduction, nutrition):

_____

_____

_____

Sleep/rest patterns: _____

_____

Family history of heart or cardiovascular system (especially cardiac arrest), or diabetes mellitus:

_____

_____

_____

Physical Assessment

Height and weight:

Height in inches: _____Weight in pounds: _____ BMI: _____

		TIME OF ASSESSMENT			
Hour		AM PM	AM PM	AM PM	AM PM
Pulse	**R = Radial A = Apical**				
	Rhythm				
Right	**BP Systolic / Diastolic**				
Left	**BP Systolic / Diastolic**				

Cardiovascular System: Inspection and Palpation

General characteristics (skin color, temperature and tone, cyanosis, nail clubbing or spooning, venous stasis): _____

_____

Anterior chest (color, symmetry, contour, scars, venous pattern, apical impulse, pulsations/thrills/heaves): _____

_____

Carotid and jugular vessels (pulsations, distention): _____

Abdominal vessels (aorta, iliac, renal pulsations): _____

Peripheral circulation (arms, legs, hands and feet for temperature, color and pulses, ulcers and skin condition): _____

_____

Auscultation (with diaphragm and bell):

All cardiac locations (rate, rhythm, S1, S2, note any extra sounds, splits, murmurs):

Aortic: _____

Pulmonic: _____

Tricuspid: _____

Mitral: _____

Auscultate arteries for bruits.

Carotid: _____

Abdominal aorta: _____

Iliac arteries: _____

Renal arteries: _____

Analysis:

_____

_____

_____

_____