

# Appendix E

## Example of Quick Look Patient Record

### Patient Fact Sheet

Date: \_\_\_\_\_

#### Institution Name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS Number (last 4): \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Status: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Initial Weight: \_\_\_\_\_

Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Gender: \_\_\_\_\_

Target HR: \_\_\_\_\_

Abrev. Dx: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detailed Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Classes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Cardiac Rehabilitation

Referring Physician: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Insurance: \_\_\_\_\_

Admit to CR Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Authorization Dates: \_\_\_\_\_

Clinic I.D.: \_\_\_\_\_

System Code: \_\_\_\_\_

#### Risk Factors:

☐ Obesity ☐ Diabetes ☐ Family Hx

☐ High BP ☐ Sed. Lifestyle ☐ Stress

☐ Smoker

Smoking Comments: \_\_\_\_\_

\_\_\_\_\_

☐ Hyperlipidemia

Chol: \_\_\_\_\_

Trig: \_\_\_\_\_

HDL: \_\_\_\_\_

LDL: \_\_\_\_\_

Hgb A1c: \_\_\_\_\_

Date Drawn: \_\_\_\_\_

\_\_\_\_\_

#### Stress Test Data

Stress Test Date: \_\_\_\_\_

Stress Test Time: \_\_\_\_\_

Type: \_\_\_\_\_

Duration: \_\_\_\_\_

Stress Test METS: \_\_\_\_\_

Highest Stage: \_\_\_\_\_

Peak HR: \_\_\_\_\_

Peak Ex BP: \_\_\_\_\_

Resting ECG: \_\_\_\_\_

Symptoms: \_\_\_\_\_

ECG Changes: \_\_\_\_\_

Interpretation: \_\_\_\_\_