

WAIKATO CARDIOTHORACIC UNIT

Name	NHI	Date of Referral
	Age	Date of Review

Admission: Elective / Urgent / Emergency

Cardiologist:

Symptoms:

Cardiac History:

CVRF: IDDM / NIDDM / Diet controlled
Hypertension
Cholesterol
Smoker / ex-smoker / never
Family history

PMH: CVA / TIA / PVD
COAD / Asthma
DU / Colitis
OA / RhA
Renal (Creat/eGFR)

Operations:

Social:

Angio: (DATE)

JCC: (DATE)

Drugs: (ALLERGIES)



O/E: HR BP

Echo: (DATE)

HS IMA

Chest VV's

Carotids Allen's

ECG Teeth

Plan:

Risk stratification: EUROSCORE 2

Consent: - mortality: - CVA: - Other:

OUTSTANDING

