

# Cardiac Physical Exam

Patient information			
Name:			
Date of birth:		Age:	
Height:		Weight:	
Contact information:			
Medical history:			
Vital signs			
Blood pressure:		Heart rate:	
Respiratory rate:		Temperature:	
Symptoms			
<i>Describe the patient's symptoms and select 'Yes' or 'No' where applicable to indicate whether the symptom is present.</i>			
Chest pain (nature and duration):			
Palpations:		Dyspnea (shortness of breath")	
Yes	No	Yes	No
Syncope:		Fatigue	
Yes	No	Yes	No
Edema:			
Yes	No		
Other symptoms (e.g., fatigue, changes in exercise tolerance):			

General inspection	
<i>Describe observations for each category.</i>	
<b>General appearance:</b>	<b>Skin:</b>
<b>Nails:</b>	<b>Mouth:</b>
<b>Neck:</b>	<b>Extremities:</b>
Palpation	
<i>Record findings for each section.</i>	
<b>I. Pulse</b>	<b>II. Point of maximal impulse (PM)</b>
<b>III. Thrills</b>	<b>IV. Other findings</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Auscultation

*Describe observations for each section.*

### I. Heart sounds:

### II. Murmurs:

### III. Other sounds:

## Exam conclusion and recommendations

**Based on the findings, the Cardiac Physical Exam indicates:**

**Further diagnostic tests recommended (if any):**

**Referral for specialist consultation (if necessary):**

## Healthcare professional information

**Name:**

**License ID number:**

**Signature:**

**Date of examination:**