

HEART DISEASE

A customizable guide to help deliver consistent, evidence-based care for patients with heart disease

CARE PLAN

*for*

PATIENT INFORMATION

|  |  |
| --- | --- |
| **Name** | Name here |
| **Birthdate** | Date here |
| **Medical record number** | Number here |
| **Sex assigned at birth** | Details here |
| **Attending physician** | Name here |

MEDICAL HISTORY

|  |  |
| --- | --- |
| **Cardiovascular history** | Previous heart attacks, angina, hypertension, arrhythmias, valve disease |
| **Other chronic conditions** | Comorbidities (e.g., diabetes, renal disease, etc.) |
| **Surgical history** | Past surgeries (e.g., pacemaker, valve replacement, etc). |
| **Medications** | Current and prior medication related and non-related to the current heart disease |
| **Family history** | Hereditary factors like early-onset heart disease, stroke, etc. |
| **Lifestyle factors** | Smoking history, alcohol use, physical activity, diet habits, etc. |
| **Allergies** | Medication, food, or environment allergies |
| ***Other details here*** |  |

PHYSICAL EXIMINATION

|  |  |
| --- | --- |
| **Vital signs** | Blood pressure (BP): \_\_\_\_/\_\_\_\_ mmHg  Heart rate (HR): \_\_\_\_ beats per minute (bpm)  Respiratory rate (RR): \_\_\_\_ breaths per minute  Body temperature: \_\_\_\_°C or \_\_\_\_°F  Oxygen saturation (O₂ Sat): \_\_\_ % |
| **Weight** | \_\_\_\_ kg or \_\_\_\_lb |
| **BMI** | BMI here |
| **Cardiac exam** | Results here |
| **Pulmonary exam** | Results here |
| **Extremities** | Observations here |
| ***Other details here*** |  |

DIAGNOSTIC TESTING

|  |  |  |
| --- | --- | --- |
| **TEST TYPE** | **DATE** | **RESULTS** |
| Electrocardiogram (ECG) | Date here | Details here |
| Echocardiogram (ECHO) | Date here | Details here |
| Chest X-ray | Date here | Details here |
| Blood tests | Date here | Details here |
| *Other relevant tests* |  |  |

PRIMARY DIAGNOSIS

**DIAGNOSIS HERE**

Include the official medical diagnosis related to the patient’s heart condition, as documented by a physician. Be speciﬁc about the type and classiﬁcation of heart disease. Add any relevant supporting details such as contributing factors, clinical evidence, and current symptoms.

TREATMENT GOALS

|  |  |  |
| --- | --- | --- |
| **PRIMARY GOALS** | **TARGET PARAMETERS** | **TIMELINE** |
| Goal here | Target value for monitoring here | Expected timeframe here |
| Another goal here | Target value for monitoring here | Expected timeframe here |
| Another goal here | Target value for monitoring here | Expected timeframe here |

MEDICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DOSE** | **ROUTE** | **FREQUENCY** |
| Name here | 00 mg | Intake method here | Timing here |
| Name here | 00 mg | Intake method here | Timing here |
| Name here | 00 mg | Intake method here | Timing here |

FOLLOW-UP AND EVALUATION

|  |  |  |
| --- | --- | --- |
| **DATE** | **INTERVENTION ADJUSTMENTS** | **OUTCOME NOTES** |
| Date here | Details here | Details here |
| Date here | Details here | Details here |
| Date here | Details here | Details here |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Name here | **Designation** | Position here |
| **Signature** | Signature here | **Date** | Date here |
| **Notes**  Additional notes here | | | |
|

|  |  |  |
| --- | --- | --- |
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