100B

McLaren

BAY HEART & VASCULAR

Intake Form / Outpatient Order

Patient Name: _____ DOB: _____ Age: _____

Insurance: _____ Referring Provider: _____/PCP: _____

Date: _____ Reason for Today's Visit: _____

_____

Coronary Risk:	HTN Y/N	DM Y/N	Dyslipidema Y/N
	Obesity Y/N	Smoker Y/N	Family Hx Y/N
	Last LDL _____	Date _____	
Chest Discomfort Y/N	Palpitations Y/N	Alert/Oriented Y/N	Change/Vision Y/N
Dyspnea Y/N	Claudication Y/N	Mood/Affect norm/abnormal	Change/Hearing Y/N
Edema Y/N	Fatigue Y/N	Hygiene G/F/P	G.I. C/O Y/N
Lightheaded, Dizzy Y/N		Ambulatory Y/N	GU C/O Y/N
Syncope Y/N	Other: _____		

Pulse _____ BP: Rt. _____ Lt: _____ Orthostatic_____ R ____ Wt. ____ (+/-) Ht. ____ BMI ____

Nutritional Counseling Offered? Y/N Are you in pain? Y/N Location: _____ Pain Scale 0-10___

Able to perform ADL's Y/N Are you being abused or neglected? Y/N

Most recent Hospitalization: _____

PROVIDER NOTES/PHYSICAL EXAM: _____

_____

_____

_____

_____

_____

_____

	NOW	1M	3M	6M	1Y	Scheduled	Labs	
Carotid CD CTA	_____	_____	_____	_____	_____	_____	_____	CBC
Echo R Str	_____	_____	_____	_____	_____	_____	_____	Digoxin
Stress X P A L C	_____	_____	_____	_____	_____	_____	_____	Liver/Lipid
Holter / Event	_____	_____	_____	_____	_____	_____	_____	BMP
Cath R L	_____	_____	_____	_____	_____	_____	_____	CMP
TEE	_____	_____	_____	_____	_____	_____	_____	BNP
Lower Extremity DP CTA	_____	_____	_____	_____	_____	_____	_____	TSH
Rehab	_____	_____	_____	_____	_____	_____	_____	PT/INR
Arteriogram _____	_____	_____	_____	_____	_____	_____	_____	Cordarone
Other	_____	_____	_____	_____	_____	_____	_____	Other

Appointment: _____ After Test _____ 3 mon _____ 6 mo _____ 1y _____PRN

Level of Care: E C New Pt. 1 2 3 4 5

Patient Understanding ☐

_____ _____

Nursing Date / Time Physician Date / Time

BRHV-2026 (7.20)