

Pediatric Cardiology Outpatient Clinic Dictation Format

Patient Name, ID#:

Attending Cardiologist:

Referring Doctor:

Copies to:

Date of visit:

DIAGNOSIS

1. Main cardiac diagnosis
2. Other RELEVANT cardiac/non-cardiac diagnoses

GENERAL CARDIAC HISTORY

- Activities
- Cardiac symptoms
- Growth and development

****FOR NEW PATIENTS**

- Family cardiac history
- Past medical history

PHYSICAL EXAMINATION

- Weight and height (including growth percentiles)
- Vital Signs
- Focused cardiac examination

ASSESSMENT AND RECOMMENDATIONS

BRIEF summary of overall assessment

The follow up plan includes:

1. Timing of follow up including tests.
2. State whether patient needs SBE prophylaxis.

Yours Sincerely,

Name/Credentials

