

# Cardiology Outpatient Follow-Up Sheet

Patient Name

MRN

Date of Visit

Referring Physician

Age

Gender

Contact Number

Consultant

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Chief Complaints

History of Present Illness

Past Medical History

Past Cardiac History

Surgical History

Social History

Family History

Allergies

Medications

Physical Examination

Cardiac Examination

Investigations/Results

Diagnosis

Management Plan

Advice / Education Given

Follow-up Date