20240301 FOI ref 736-2324 RAPID ACCESS CHEST PAIN CLINIC

Patient Details **(affix label here if you have one)**	**Date:** **Time:** **Seen by:**	
Occupation:	**Age:**	**CAD Score:**

PAIN HISTORY:

Site:

- Central ☐
- Retrosternal ☐
- Epigastric ☐
- Right-sided ☐
- Left-sided ☐

Characteristics:

- Dull ☐
- Heavy ☐
- Crushing ☐
- Tight ☐
- Ache ☐
- Stabbing ☐
- Discomfort other ☐
- Other ☐

Radiation:

- Right arm ☐
- Left arm ☐
- Jaw ☐
- Back ☐
- Epigastric ☐
- Shoulder ☐
- Other ☐

Associated Symptoms:

- Dyspnoea ☐
- Sweating ☐
- Nausea ☐
- Palpitations ☐
- Dizzy/lightheaded ☐
- Other ☐

Onset:

- At rest ☐
- Crescendo ☐
- On exertion ☐

Frequency:

Duration:

GTN effect:

- None ☐
- Partial ☐
- Full ☐

FACTORS: **Precipitating:**	**Aggravating:**	**Relieving:**

History

Exercise Tolerance:

PAST MEDICAL HISTORY:

ALLERGIES:

CURRENT DRUG THERAPY:

DRUG	DOSE	DRUG	DOSE

RISK FACTORS:

Smoking
Current ☐
Quantity…….
Quit ☐
When……
Never ☐

Hypertension ☐
Hypercholesterolaemia ☐

Diabetes ☐
IDDM ☐
NIDDM ☐
Diet ☐

Alcohol
Never ☐ **None** ☐

Quantity

Caffeine
Never ☐ **None** ☐
Quantity

FAMILY HISTORY:

CLINICAL EXAMINATION:		
Height:	**Weight:**	**BMI:**
Radial Pulse:	**Blood Pressure:**	**Respiratory Rate:**
Heart Sounds: **Normal** ☐ **Abnormal** ☐ **Added Sounds** **Yes** ☐ **No** ☐	**Murmur** **Yes** ☐ **No** ☐ **Systolic** ☐ **Diastolic** ☐	**Wheeze:** **Yes** ☐ **No** ☐ **Crackles:** **Yes** ☐ **No** ☐ **Ankle Oedema:** **Yes** ☐ **No** ☐

PHYSICAL EXAMINATION:

ECG:

BLOODS **Yes** ☐ **No** ☐

Sodium		**Hb**		**Chol Fasting**		**TSH**	
Potassium		**WCC**		**Triglycerides**		**Free Thyroxine**	
Creatinine		**Platelets**		**HDL**		**Alk Phos**	
Urea				**LDL**		**Bilirubin**	
				Total Chol/LDL ratio		**Asp Trans**	
						GGT	
						Albumin	

ETT Requested: **Result**
Yes ☐ **No** ☐

CXR: **Yes** ☐ **No** ☐	**ECHO:** **Yes** ☐ **No** ☐

OTHER INVESTIGATIONS:

INFORMATION GIVEN PRIOR TO DISCHARGE:

DRUGS PRESCRIBED PRIOR RO DISCHARGE:

DRUG	DOSE	DRUG	DOSE

Impression and Recommendations: