

CARE PLAN *for* HEART DISEASE

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



PATIENT INFORMATION

Name	Name here
Birthdate	Date here
Medical number record	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
<i>Other details here</i>	

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 (O ₂ Sat): ____ %
Weight	____ kg or ____ lb
BMI	BMI here
Cardiac exam	Results here
Pulmonary exam	Results here
Extremities	Observations here
<i>Other details here</i>	

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
<i>Other relevant tests</i>		

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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