1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME _____ DOB _____

AGE / SEX _____ MRN / PATIENT ID _____

DATE OF SERVICE _____ PROVIDER _____

CREDENTIALS _____ PARENT / GUARDIAN PRESENT _____

VISIT TYPE: PEDIATRIC CARDIOLOGY CONSULTATION / FOLLOW-UP / SCREENING EVALUATION / POST-PROCEDURE FOLLOW-UP _____

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / NICU / PICU / CARDIOLOGY CLINIC _____

INFORMANT / COLLATERAL SOURCE _____ REFERRAL SOURCE _____

PRIMARY CARE PROVIDER, IF APPLICABLE _____

CC CHIEF COMPLAINT

2 PRIMARY CARDIAC CONCERN

Primary pediatric cardiology-related reason for the visit in the patient's or caregiver's own words when possible — murmur, chest pain, palpitations, syncope, dizziness, cyanosis, shortness of breath, exercise intolerance, congenital heart disease follow-up, abnormal EKG or echocardiogram, family history of cardiac disease, pre-sports clearance, or post-procedure follow-up...

S SUBJECTIVE

3 REPORTED CARDIOVASCULAR SYMPTOMS & HISTORY

3a REASON FOR EVALUATION & CARDIAC SYMPTOMS

Reason for Pediatric Cardiology Evaluation (murmur evaluation, chest pain, palpitations, syncope, congenital heart disease follow-up, abnormal cardiac testing, cyanosis, feeding difficulty, growth concern, arrhythmia evaluation, sports clearance, family history screening, post-operative or post-procedure follow-up):

Chest Pain Symptoms (onset, location, quality, severity, duration, frequency, exertional relationship, positional and pleuritic features, reproducibility, associated dyspnea, palpitations, dizziness or syncope, triggers, relieving factors, activity limitation):

Palpitations / Arrhythmia Symptoms (onset, frequency, duration, rhythm sensation, sudden or gradual onset and offset, triggers, associated chest pain, dizziness, syncope, shortness of breath, fatigue, prior rhythm monitoring):

Syncope / Presyncope (event description, prodrome, posture, exertional association, duration, loss of consciousness, seizure-like activity, injury, recovery, hydration, meals, heat exposure, recurrence, family history of sudden death):

Dyspnea / Exercise Intolerance (shortness of breath, fatigue, reduced stamina, exercise limitation, cyanosis with activity, chest discomfort with exertion, need to stop activity, comparison with peers, sports participation):

Cyanosis / Hypoxemia Symptoms (blue discoloration, timing, triggers, feeding or crying association, exertional cyanosis, oxygen saturation history, clubbing, prior congenital heart disease diagnosis):

Infant Feeding / Growth Concerns, if applicable (feeding duration, sweating or fatigue with feeds, tachypnea, poor weight gain, vomiting, cyanosis, irritability, growth trajectory):

3b CARDIAC HISTORY, MEDICATIONS & CONTEXT

Congenital Heart Disease History (diagnosis, prior surgeries, catheter-based interventions, residual lesions, valve disease, shunts, cyanotic heart disease, single ventricle or Fontan physiology, pulmonary hypertension, prior cardiology follow-up):

Post-Procedure / Post-Operative Course, if applicable (recovery after cardiac surgery, catheterization, device closure, ablation, pacemaker or ICD placement, valve procedure; incision or access-site concerns, fever, pain, drainage, activity restrictions, medication adherence):

Medication History and Treatment Response (cardiac medications, adherence, missed doses, side effects, anticoagulation or antiplatelet use, diuretics, beta blockers, ACE inhibitors, pulmonary hypertension medications, antiarrhythmics, access issues):

Past Medical History (prematurity, NICU stay, genetic syndromes, congenital anomalies, Kawasaki disease, rheumatic

fever, myocarditis, cardiomyopathy, hypertension, renal disease, asthma, sleep apnea, endocrine disorders):

Family History (congenital heart disease, cardiomyopathy, arrhythmias, sudden unexplained death, sudden infant death, early pacemaker or ICD placement, long QT syndrome, Brugada syndrome, Marfan syndrome, aortic disease, hypercholesterolemia, early myocardial infarction, stroke):

Social / Activity History (school or daycare, sports participation, exercise level, activity restrictions, hydration habits, caffeine and energy drink use, stimulant use, tobacco or vaping exposure, psychosocial factors):

Recent Testing / Hospitalizations (EKG, echocardiogram, Holter or event monitor, exercise stress test, cardiac MRI or CT, catheterization, labs, emergency visits, hospitalizations, surgeries, medication changes):

Pertinent Negatives (exertional syncope, exertional chest pain, sustained palpitations, cyanosis, severe dyspnea, poor feeding, diaphoresis with feeds, failure to thrive, neurologic deficit, family history of sudden cardiac death):

ROS PEDIATRIC CARDIOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Chest pain, chest pressure, palpitations, dizziness, presyncope, or syncope	
Shortness of breath, exercise intolerance, fatigue, cyanosis, or poor stamina	
Feeding difficulty, sweating with feeds, tachypnea, poor weight gain, or irritability in infants	
Edema, orthopnea, cough, wheezing, or respiratory distress	
Headache, neurologic symptoms, seizure-like activity, or weakness	
Fever, recent infection, Kawasaki-like symptoms, or rheumatic symptoms when relevant	
Medication side effects, bleeding or bruising, anticoagulation concerns, or adherence issues	
Activity restriction concerns, sports participation concerns, or school limitations	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT / LENGTH

WEIGHT

BMI

HEAD CIRCUMFERENCE, IF APPLICABLE

GROWTH PERCENTILES

PAIN SCORE, IF APPLICABLE

4-EXTREMITY BLOOD PRESSURES, IF OBTAINED

5a AGE-APPROPRIATE CARDIAC EXAMINATION

General Appearance (alertness, activity level, distress, hydration, growth and nutritional appearance, cyanosis, work of breathing):

Head / Eyes / Ears / Nose / Throat (dysmorphic features, conjunctiva, oral mucosa, dentition, cyanosis, pallor, hydration):

Neck (jugular venous distention when assessable, lymphadenopathy, thyroid findings, neck masses, webbing or syndromic features):

Cardiovascular (precordial activity, point of maximal impulse, rate, rhythm, murmurs, clicks, rubs, gallops, S1/S2 quality and splitting, thrills, pulses and pulse symmetry, capillary refill, perfusion, cyanosis, edema, blood pressure discrepancies):

Pulmonary (respiratory effort, retractions, nasal flaring, grunting, breath sounds, crackles, wheezing, stridor, oxygen requirement, signs of pulmonary edema or respiratory distress):

Abdomen (hepatomegaly, splenomegaly, distension, tenderness, ascites, masses, signs of venous congestion):

Extremities / Vascular (pulses, pulse delay, clubbing, cyanosis, edema, perfusion, extremity temperature, femoral pulses, signs of vascular access or catheterization complications):

Skin (color, pallor, cyanosis, bruising, scars, surgical incisions, access sites, rashes, café-au-lait spots, syndromic features):

Neurologic (mental status, tone, strength, gait, coordination, focal deficits, developmental appropriateness):

DV CARDIAC DEVICE / PROCEDURE SITE EXAMINATION, IF APPLICABLE

6 DEVICE & PROCEDURE SITE FINDINGS

PACEMAKER OR ICD SITE LOCATION

DEVICE POCKET TENDERNESS / ERYTHEMA / SWELLING

DRAINAGE, EROSION, OR HEMATOMA

STERNOTOMY OR THORACOTOMY INCISION STATUS

CATHETERIZATION ACCESS SITE AND LATERALITY

BRUISING, HEMATOMA, BLEEDING, OR BRUIT

PSEUDOANEURYSM CONCERN / DISTAL PERFUSION

SURGICAL WOUND HEALING STATUS

SIGNS OF INFECTION, DEHISCENCE, OR VASCULAR COMPROMISE

GD GROWTH / DEVELOPMENT / FUNCTIONAL ASSESSMENT

7 FUNCTIONAL CONTEXT RELEVANT TO CARDIAC CARE

Growth chart review; weight gain or failure-to-thrive concerns:

Feeding endurance in infants; developmental milestone status:

Activity tolerance compared with peers; exercise capacity and stamina:

School attendance and participation; sports participation and restrictions:

Need for therapy, school accommodations, or activity modification:

CT CARDIAC TESTING / DIAGNOSTIC RESULTS

8 RESULTS REVIEWED OR ORDERED

EKG (rhythm, rate, axis, intervals, PR/QRS/QTc, chamber enlargement, hypertrophy, conduction abnormalities, pre-excitation, ectopy, ischemic changes, comparison to prior):

Echocardiogram (cardiac anatomy, ventricular function, chamber size, shunts, valve structure and function, gradients, outflow obstruction, pulmonary pressures, aortic dimensions, coronary origins, pericardial effusion, comparison to prior study):

Rhythm Monitoring (Holter, event or patch monitor, loop recorder, arrhythmia and ectopy burden, pauses, SVT/VT episodes, symptom-rhythm correlation, monitor duration):

Exercise Testing (exercise capacity, symptoms, blood pressure response, oxygen saturation response, arrhythmias, ischemic changes, functional limitation):

Cardiac MRI / CT (cardiac anatomy, ventricular volumes and function, vascular anatomy, aortic dimensions, pulmonary arteries and veins, myocarditis, cardiomyopathy, fibrosis, congenital heart disease assessment):

Cardiac Catheterization (hemodynamics, pressures, oxygen saturations, shunt calculations, pulmonary vascular resistance, angiography, interventions, device placement, complications):

Laboratory Studies (BNP or NT-proBNP, troponin, CBC, CMP, electrolytes, renal function, thyroid studies, inflammatory markers, lipid panel, genetic testing, anticoagulation labs, medication-monitoring labs):

Genetic / Family Screening (genetic testing results, family cascade screening, aortopathy evaluation, inherited arrhythmia or cardiomyopathy testing, genetic counseling notes):

Prior Records Reviewed (pediatrician notes, hospital records, operative reports, catheterization reports, cardiology notes, NICU records, genetic records, imaging reports, device reports, medication history):

A ASSESSMENT

9 PEDIATRIC CARDIOLOGY CLINICAL INTERPRETATION

Primary cardiac diagnosis or working diagnosis. Differential diagnoses considered. Symptom severity and acuity. Presence or absence of structural heart disease. Murmur characterization and likelihood of innocent versus pathologic murmur when relevant. Arrhythmia burden, symptom correlation, and risk. Congenital heart disease status, residual lesions, and post-operative or post-intervention status. Ventricular function, valve status, pulmonary pressure status, and hemodynamic significance when known. Growth, feeding, activity tolerance, and functional impact. Family history risk and need for screening. Medication response, adherence, side effects, and safety considerations. Need for additional testing, medication changes, activity restriction, referral, procedure, hospitalization, or follow-up...

P PLAN

10 PEDIATRIC CARDIOLOGY MANAGEMENT BY PROBLEM

Diagnostic plan (EKG, echocardiogram, Holter or event monitor, exercise testing, cardiac MRI or CT, labs, genetic testing, catheterization). Medication plan (initiation, continuation, adjustment, weight-based dosing, side effects, adherence, refills, caregiver instructions). Congenital heart disease plan (surveillance imaging, residual lesion monitoring, endocarditis guidance if indicated, surgical or interventional planning, transition planning for adolescents). Arrhythmia plan (monitoring, medication, vagal maneuvers education, electrophysiology referral, ablation consideration, device follow-up, emergency precautions). Syncope and chest pain plan (hydration, salt intake, trigger avoidance, activity guidance, exercise restriction if indicated, further testing). Heart failure or cardiomyopathy plan (medication optimization, volume management, exercise guidance, genetic and family screening, advanced therapy referral). Activity and sports plan (clearance status, restrictions, return-to-play guidance, school accommodations, emergency action plan). Preventive and lifestyle plan. Procedure or post-procedure plan (access-site care, activity restrictions, adherence, device follow-up, complication precautions). Referral or coordination plan. Patient and caregiver education...

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, test result review, echocardiogram surveillance, rhythm monitor review, medication response, growth and activity monitoring, post-procedure follow-up, sports clearance reassessment, congenital heart disease surveillance):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / CAREGIVER EDUCATION TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

TEST / IMAGING REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

EKG INTERPRETATION CODE, IF APPLICABLE

ECHOCARDIOGRAM CODE(S), IF APPLICABLE

RHYTHM MONITORING CODE(S), IF APPLICABLE

DEVICE / PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / TEST INTERPRETATION / PROCEDURE-BASED

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: PEDIATRIC CARDIOLOGY

DATE

TIME