

Native American Cardiology Program
Telemedicine Consultation

Service Unit _____
MRN _____
Patient Name _____
DOB _____
Weight _____



Date of Study: _____ Referred By: (attending) _____

Chief Complaint/ Reason for Consult: _____

Past Medical History

Prior Cardiac Studies: _____ :

Echocardiography: _____

Cardiac Catheterization: _____

Interventions/CABG/Valve Surgery: : _____

Recommendations for Care:

1. _____
2. _____
3. _____
4. _____
5. _____

NACP Outcome:

Consultation avoided
Procedures avoided
Early transfer or Consult recommended
Consult (non-urgent)
No further Cardiac evaluation or workup needed
Routine follow-up with PCP and Cardiology
Further Cardiac Testing
including: _____
