

Assessment

Personal Details	
Name : Michaels	Age /Gender : 28 , Male
Address : Mumbai	Occupation : CEO
Contact No : 9702450331	Emergency Contact No : 1256362549
Suburb : Oshiwara	Referral Doctor : Dr. Richard

Diagnosis
Diagnosis : Primary Diagnosis: (Insert the main condition or disease diagnosed) Secondary Diagnoses: (Insert any additional conditions or complications)
Chief complaints : Primary Complaint: (Describe the main symptom or issue that brought the patient to seek medical care) Secondary Complaints: (List any other symptoms reported by the patient)
History of present illness : Onset: (When did the symptoms start?) Location: (Where is the symptom located?) Duration: (How long have the symptoms been present?) Characteristics: (Describe the nature of the symptoms – e.g., sharp, dull, throbbing) Aggravating and Alleviating Factors: (What makes the symptoms better or worse?) Associated Symptoms: (Are there other symptoms accompanying the chief complaint?) Severity: (How severe are the symptoms on a scale of 1 to 10?)
Risk Factors :
<div> <input checked="" type="checkbox"/> Ht <input type="checkbox"/> Dm <input type="checkbox"/> Obesity <input type="checkbox"/> Stress </div> <div> <input type="checkbox"/> Smoking <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Sedentary <input type="checkbox"/> Dyslipidemia </div> <div> <input type="checkbox"/> Homocystiene <input type="checkbox"/> Family history <input checked="" type="checkbox"/> Anemia low ef <input type="checkbox"/> Dyskinesia </div> <div> <input type="checkbox"/> Scarred akinetic wall <input type="checkbox"/> Aneurysm <input type="checkbox"/> As <input checked="" type="checkbox"/> Lm dis </div> <div> <input type="checkbox"/> Tvd <input type="checkbox"/> Orthopedic problems <input type="checkbox"/> Respiratory problems <input type="checkbox"/> Muscular problems </div>

Investigation
TMT : <input checked="" type="checkbox"/> THR <input checked="" type="checkbox"/> MHR <input checked="" type="checkbox"/> MBP <input checked="" type="checkbox"/> DUR <input checked="" type="checkbox"/> ROT <input checked="" type="checkbox"/> MET

ECG Changes in specific leads : Lead I: (Describe any changes observed, such as ST elevation, T wave inversion, etc.) Lead II: (Describe changes) Lead III: (Describe changes) Lead aVR: (Describe changes) Lead aVL: (Describe changes) Lead aVF: (Describe changes) V1-V6: (Describe changes in each precordial lead)
ANGIO : Left Main: (Describe findings such as stenosis or occlusion) Left Anterior Descending (LAD): (Describe findings) Circumflex: (Describe findings) Right Coronary Artery (RCA): (Describe findings) Other Findings: (Any additional relevant observations)
2D Echo : Ejection Fraction (EF): (Percentage) Chamber Size: (Normal/enlarged, details of specific chambers) Wall Motion Abnormalities: (Presence or absence) Valve Function: (Any regurgitation, stenosis, etc.) Pericardial Effusion: (Presence or absence) Other Findings: (Any additional observations)
Chest x ray : Cardiac Silhouette: (Normal/enlarged) Lung Fields: (Any signs of congestion, consolidation, etc.) Mediastinum: (Normal/widened) Pleural Space: (Any effusion or pneumothorax) Other Findings: (Any additional observations)
Others : Blood Tests: (e.g., Troponin levels, CK-MB) CT Scan/MRI: (If applicable, describe findings) Stress Test: (Results, if conducted) Additional Investigations: (Any other tests conducted)

Medicines

Current Activities
Activities of Daily living : Activities of Daily Living (ADL)
Walking : Current Ability: (e.g., Able to walk independently, uses assistive devices, needs assistance) Distance: (e.g., Walks 1 km daily, limited to short distances) Pace: (e.g., Normal pace, slow pace) Limitations: (e.g., Experiences shortness of breath, fatigue after walking)
Want to join job : Current Status: (e.g., Actively seeking employment, ready to resume work) Type of Work: (e.g., Office job, manual labor, remote work) Physical Requirements: (e.g., Able to perform desk jobs, restricted from heavy lifting) Restrictions: (e.g., Needs accommodations, limited hours)
Exercises : <input checked="" type="checkbox"/> Running <input checked="" type="checkbox"/> Jogging <input checked="" type="checkbox"/> Cycling
Swimming : Current Ability: (e.g., Swims independently, requires assistance) Frequency: (e.g., Twice a week) Duration: (e.g., 30 minutes per session) Limitations: (e.g., Avoids deep water, experiences fatigue)
Outdoor Activities : Types of Activities: (e.g., Gardening, hiking, walking in the park) Frequency: (e.g., Weekly, monthly) Limitations: (e.g., Avoids long durations, needs breaks)
Travel : Current Ability: (e.g., Can travel independently, needs assistance) Modes of Transport: (e.g., Car, public transport, plane) Limitations: (e.g., Needs frequent breaks, avoids long trips)
Recreational activities : Types of Activities: (e.g., Reading, playing board games, attending social events) Frequency: (e.g., Daily, weekly) Limitations: (e.g., Avoids strenuous activities, prefers indoor activities)
Sexual Activities :

General Examination	
Blood Pressure : 10	Pulse Rate : 20

SPO2 : 30	Respiratory Rate : 40
Height : 50	Weight : 60
On auscultation :	
Heart Sounds: (e.g., Normal, murmurs, gallops, rubs) Lung Sounds: (e.g., Clear, wheezes, crackles, diminished) Additional Observations: (e.g., Any abnormalities noted during auscultation)	

6 minute walk test :

Pre rehabilitation :
Distance Covered: (e.g., 450 meters) Pre-Rehabilitation: (e.g., Initial assessment, baseline distance) Post-Rehabilitation: (e.g., Comparison to measure improvement) Symptoms During Test: (e.g., Shortness of breath, fatigue, chest pain) Heart Rate and Oxygen Saturation: (Before and after the test)

Post rehabilitation :
Distance Covered: (e.g., 450 meters) Pre-Rehabilitation: (e.g., Initial assessment, baseline distance) Post-Rehabilitation: (e.g., Comparison to measure improvement) Symptoms During Test: (e.g., Shortness of breath, fatigue, chest pain) Heart Rate and Oxygen Saturation: (Before and after the test)

Activities Which Patient Is Not Allowed To Perform During The Treatment :
Restricted Activities: (e.g., Heavy lifting, high-impact sports) Reason for Restriction: (e.g., To avoid strain on the heart/lungs)

Activities Which Will Be Allowed After The Treatment :
Gradually Introduced Activities: (e.g., Light exercise, moderate walking) Timeline for Resumption: (e.g., After 3 months of rehabilitation)

Expectations From Rehab :
Short-Term Goals: (e.g., Improve endurance, reduce symptoms) Long-Term Goals: (e.g., Return to work, enhanced quality of life) Patient's Goals: (e.g., Independence in ADLs, return to favorite hobbies)

Risk Class :
Classification: (e.g., Low, moderate, high) Basis for Classification: (e.g., Based on comorbidities, test results)

Targets :
Functional Targets: (e.g., Walk 500 meters in 6MWT) Physiological Targets: (e.g., Improve EF by 5%, reduce BMI) Lifestyle Targets: (e.g., Resume daily walks, participate in social activities)