

# Cardiology Assessment for Pre-Operative Evaluation

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Patient ID:** [Insert Patient ID]

**Referring Physician:** [Insert Referring Physician Name]

**Procedure Scheduled:** [Insert Procedure Name]

## Medical History

The patient has a history of [Insert Relevant Medical History]. Current medications include [Insert Medications].

## Cardiac Assessment Findings

Upon examination, the following findings were noted:

- Blood Pressure: [Insert Blood Pressure]
- Heart Rate: [Insert Heart Rate]
- ECG Results: [Insert ECG Findings]
- Echocardiogram Results: [Insert Echocardiogram Findings]

## Recommendations

Based on the cardiac assessment, it is my opinion that the patient is/is not at risk for perioperative cardiac complications. Recommendations include:

- [Insert Recommendation 1]
- [Insert Recommendation 2]
- [Insert Recommendation 3]

## Conclusion

Please do not hesitate to contact me for any further information or clarification regarding this assessment.

Sincerely,

**[Cardiologist Name]**

[Cardiologist Contact Information]