CAST

BASELINE PHYSICAL EXAM / CHF STATUS

Affix Patient I.D. Here

1 Date of physical exam: DATE06 ___/___/___ (mo dy yr)

2 Height: 115-262 ___ cm. or 45-94 ___ in. HEIGHT06

3 Weight: ___.___kg. or ___ lbs. WEIGHT06

4 Sitting heart rate: ___ bpm. HR06

5 Sitting blood pressure: ___/___ mmHg SYSBP06 DIASBP06

SYMPTOMS

Are the following present?

	yes	no		
6	☐1	☐2	Shortness of breath	SOB06
7	☐1	☐2	Fatigue	FATIG06
8	☐1	☐2	Orthopnea	ORTHOP06
9	☐1	☐2	Paroxysmal nocturnal dyspnea	DYPSN06

SIGNS

	yes	no		
10	☐1	☐2	Jugular venous distention (> 10 cm H_2O)	VDISTN06
11	☐1	☐2	Pulmonary rales	RALES06
12	☐1	☐2	S3	S306
13	☐1	☐2	Edema	EDEMA06
14	☐1	☐2	Murmur	MURMUR06

If YES, check all that apply:

15 ☐1 Mitral regurgitation MITREG06

16 ☐1 Other (specify) OTHMUR06

CONGESTIVE HEART FAILURE

17 Is CHF present at time of baseline?
☐1 Yes ☐2 Suspected ☐3 No ☐9 Unknown CHF06

18 If YES or SUSPECTED
What is the NYHA classification: NYHA06
☐1 I ☐2 II ☐3 III

Name of person filling out form _____ Code Number ___