

## Heart Examination

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ C-number: \_\_\_\_\_

Place of Exam: \_\_\_\_\_

### A. Review of Medical Records:

### B. Medical History (Subjective Complaints):

Comment on:

1. Past history - describe onset of disorder and frequency of cardiac symptoms, including angina, dyspnea, fatigue, dizziness, and syncope. Record dates and severity of episodes of acute cardiac illness, including myocardial infarction, congestive heart failure, and acute rheumatic heart disease. Describe all cardiac surgery, including coronary artery bypass, valvular surgery, cardiac transplant, and angioplasty.
2. Current treatment - type, dosage, response, and side effects.
3. With the exceptions given below, examinations for valvular heart disease, endocarditis, pericarditis, pericardial adhesions, syphilitic heart disease,, arteriosclerotic heart disease, myocardial infarction, hypertensive heart disease, heart valve replacement, coronary bypass surgery, cardiac transplantation, and cardiomyopathy, require the examiner *to provide the METs level, determined by exercise testing*, at which symptoms of dyspnea, fatigue, angina, dizziness, or syncope result.
4. Exercise testing is **not** required for the above listed conditions in the following circumstances:
  - a. If exercise testing is medically contraindicated:
    - i. In that case, provide the medical reason exercise testing cannot be conducted, and
    - ii. *Provide an estimate of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing, or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope.*
  - b. If left ventricular dysfunction is present, and the ejection fraction is 50 percent or less.
  - c. If there is chronic congestive heart failure or there has been more than one episode of acute congestive heart failure in the past year.

- a. With valvular heart disease - during active infection with valvular heart damage and for three months following cessation of therapy for the active infection.
  - b. With endocarditis - for three months following cessation of therapy for active infection with cardiac involvement.
  - c. With pericarditis - for three months following cessation of therapy for active infection with cardiac involvement.
  - d. With myocardial infarction - for three months following myocardial infarction.
  - e. With valve replacement - for six months following date of hospital admission for valve replacement.
  - f. With coronary bypass surgery - for three months following hospital admission for surgery.
  - g. For cardiac transplantation - for indefinite period from date of hospital admission for cardiac transplantation.
  - h. If an exercise test has been done within the past year, the results are of record, and there is no indication that there has been a change in the cardiac status of the veteran since.
5. For hyperthyroid heart disease, if atrial fibrillation is present, use arrhythmia worksheet. Also use endocrine worksheet if examining for hyperthyroidism.
  6. Describe the effects of the condition on the veteran's usual occupation and daily activities.
  6. Even when special examinations and tests (e.g., exercise testing) are not **required** under the worksheet guidelines, they may be requested or conducted at the discretion of the examiner, when the examiner believes that the available information does not fully reflect the severity of the veteran's cardiovascular disability.

**C. Physical Examination (Objective Findings):**

Address each of the following and fully describe current findings:

1. Heart size and method of determination, heart rhythm and rate, heart sounds, blood pressure.
2. Evidence of congestive heart failure - rales, edema, liver enlargement, etc.

**D. Diagnostic and Clinical Tests:**

1. Chest X-ray, EKG, exercise stress test, echocardiogram, Holter monitor, thallium study, angiography, etc., as appropriate, and as required or indicated.
2. Include results of all diagnostic and clinical tests conducted in the examination report, including status of left ventricular function, if measured.

3. Valvular heart disease and endocarditis require documentation of diagnosis by physical findings and either echocardiogram, Doppler echocardiogram, or cardiac catheterization, if not already of record.
4. Other types of heart disease must be documented by appropriate objective diagnostic tests.

**E. Diagnosis and Opinion:**

1. Type of heart disease and etiology, if known.
2. Type of surgery, if any, and results.
3. If the veteran is service-connected for rheumatic heart disease and later develops non-service-connected arteriosclerotic heart disease, state, if possible, which cardiac findings can be attributed to each condition. If it is not possible to separate the signs and symptoms of one from the other, so state, and explain.

Signature:

Date:

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