



Jewish Hospital

A service of Jewish Hospital & St. Mary's HealthCare

DATE: _____

TIME: _____

Critically ☐ ill; ☐ injured patient

Total full-attention by attending: ☐ first 31-74 min

☐ addtl. 30 min x ____ (total time: _____)

INITIAL ADMISSION NOTE

Attending:

Information from: ____ Patient ____ Family ____ Caregiver

REASON:

1. Present Illness: Main sign/symptom (4/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)

MEDS:

2. Past History (1/3/3): DRUG ALLERGIES:

Medical

Social

Family

Physicians Orders/Progress Notes



F1230

3. ROS

Checked areas (✓) were explored, but negative: areas numbered (#) were positive as described (2/10/10)

Constitutional ____, skin ____, eyes ____, ENMT ____, Resp. ____, CV ____, GI ____, GU ____, musculoskeletal ____, Lymph ____, neuro ____, Psych ____, endocrine ____, immune ____

Positives:

Physical: BP: Pulse: Resps: Weight: Temp:

Physical exam (12/2x9/2x9): At a minimum, areas checked (✓) were examined, but were normal/ non-contributory; areas crossed (x) were abnormally relevant as described by #:

1. Appearance ☐ greater than or equal to 3 V.S. ☐
2. Skin/SQ inspection ☐ palpation ☐
3. Conj/lids ☐ pupils/iris ☐
fundus ☐
4. Ext ear/nose ☐ otoscopy ☐
hearing ☐ rhinoscopy ☐
lips/teeth/gum ☐ orophary ☐
5. Breast insp. ☐ B. palp ☐
6. Neck ☐ thyroid ☐
7. Resp effort ☐ chest percu ☐
Ch. Palp ☐ lung auscul ☐
8. Heart palp ☐ H. auscul ☐
carotid p ☐ Femoral p ☐
pedal p ☐ abd Ao ☐
edema/varices ☐
9. Abd palp ☐ liver/spleen ☐
hernias ☐ ano -rectal ☐
guaiac (if indicated) ☐
10. Scrotum/testes ☐
penis ☐ prostate ☐
11. Ext/vagina ☐ urethra ☐
bladder ☐ cervix ☐
uterus ☐ adnexa ☐
12. Gait/station ☐ digit/nails ☐
insp/palp ☐
ROM ☐ Stability ☐
Musc. Strength/tone ☐
13. Neck LN ☐ axillae LN ☐
groin LN ☐ ____ LN ☐
14. CN: ____ ☐
DTR/ Babinski ☐ sensation ☐
15. Judgement/insight ☐
orientation ☐ memory ☐
mood/affect ☐

DATA: Diagnostic studies evaluated by type: comments are given if needed (O=ordered; R=reviewed; D=discussed; V=visualized)
circle or check (✓) indicates work done: only very relevant data was written below (2/3/4 points):

Labs/Path: O/R; Radiol: O/R, D, V(2); Med test/Endo: O/R, D, V(2); Path: D,V(2); Old Records Reviewed (2) ☐ Requested ☐ Σ Da=



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INITIAL ADMISSION NOTE (CONTINUED)

IMPRESSION/DX: (2/3/4): [(New+W/U (4); New (3), Worsened (2), Stable (1), Improved (1), Self-Limited (1))]

Σ Dx=

Plan:

Risk (2/3/4)

② ☐ OTC drug ☐ Diet
☐ Contrast ☐ Arterial
X-ray puncture

③ ☐ Prescrip. Drug ☐ Proc. Avg. Risk
☐ Elective surg. ☐ Acute systemic dz
☐ Mild exac. ch. dz ☐ 2 ch.dz

④ ☐ Dz threat function/life ☐ RX w/risk/monitoring
☐ Emergency procedure ☐ Procedure w/risk
☐ Severe exac.ch.dz ☐ Parenteral narcotic

☐ COUNSEL MORE THAN 50% OF (30/50/70) _____ MIN SESSION.

Old records requested: _____
Obtain Hx from family: _____

Signature: _____

HISTORY & PHYSICAL/CONSULTS

TEACHING PHYSICIAN NOTE:

This note is to complement the initial evaluation by trainee MD/student:

_____, from ___/___/___, Level of billing reflects both.

Key Elements of History:

Key Elements of Physical exam were repeated by faculty: [with medical student: checked areas (✓) were examined by faculty but not contributory: areas crossed (x) were relevant as described by # (12/2x9/2x9)]:

1. Appearance <input type="checkbox"/> greater than or equal to 3 V.S. <input type="checkbox"/>		10. Scrotum/testes <input type="checkbox"/>
2. Skin/SQ inspection <input type="checkbox"/> palpation <input type="checkbox"/>		penis <input type="checkbox"/> prostate <input type="checkbox"/>
3. Conj/lids <input type="checkbox"/> pupils/iris <input type="checkbox"/>		11. Ext/vagina <input type="checkbox"/> urethra <input type="checkbox"/>
fundus <input type="checkbox"/>		bladder <input type="checkbox"/> cervix <input type="checkbox"/>
4. Ext ear/nose <input type="checkbox"/> otoscopy <input type="checkbox"/>		uterus <input type="checkbox"/> adnexa <input type="checkbox"/>
hearing <input type="checkbox"/> rhinoscopy <input type="checkbox"/>		12. Gait/station <input type="checkbox"/> digits/nails <input type="checkbox"/>
lips/teeth/gum <input type="checkbox"/> orophary <input type="checkbox"/>		insp/palp <input type="checkbox"/>
5. Breast insp. <input type="checkbox"/> B. palp <input type="checkbox"/>		ROM <input type="checkbox"/> Stability <input type="checkbox"/>
6. Neck <input type="checkbox"/> thyroid <input type="checkbox"/>		Musc. Strength/tone <input type="checkbox"/>
7. Resp effort <input type="checkbox"/> chest percussion <input type="checkbox"/>	13. Neck LN <input type="checkbox"/> axillae LN <input type="checkbox"/>	
Ch. Palp <input type="checkbox"/> lung auscul <input type="checkbox"/>	groin LN <input type="checkbox"/> LN <input type="checkbox"/>	
8. Heart palp <input type="checkbox"/> H. auscul <input type="checkbox"/>	14. CN: <input type="checkbox"/>	
carotid p <input type="checkbox"/> Femoral p <input type="checkbox"/>	DTR/Babinski <input type="checkbox"/> sensation <input type="checkbox"/>	
pedal p <input type="checkbox"/> abd Ao <input type="checkbox"/>	15. Judgement/insight <input type="checkbox"/>	
edema/varices <input type="checkbox"/>	orientation <input type="checkbox"/> memory <input type="checkbox"/>	
9. Abd palp <input type="checkbox"/> liver/spleen <input type="checkbox"/>	mood/affect <input type="checkbox"/>	
hernias <input type="checkbox"/> ano-rectal <input type="checkbox"/>		
guaiac (if indicated) <input type="checkbox"/>		

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Signature: