

DATE: _____ SUBSEQUENT NOTE ATTENDING: _____

HISTORY (1/1/4):

ROS: Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described (0/system/2)
Constitutional _____, skin _____, eyes _____, ENMT _____, Resp. _____, CV _____, GI _____ GU _____ musculoskeletal _____
Lymph _____, neuro _____, Psych _____, endocrine _____, Immune _____

Positives:

P, F, S Hx (0/0/1)	Wt change lb	#BM	U/O ml	I/O	New allergy/reaction	Meds changed or counted
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Physical: BP: _____ Pulse: _____ Resps: _____ Weight: _____ Temp: _____

Physical exam (1/6/12): At a minimum, areas checked (✓) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #:

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

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=

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

Risk (1/3/4)	① <input type="checkbox"/> venous lab <input type="checkbox"/> urine test <input type="checkbox"/> EKG/EEG <input type="checkbox"/> U/S.PlainX-ray <input type="checkbox"/> Rest	③ <input type="checkbox"/> Prescrip. Drug <input type="checkbox"/> Proc. Avg. Risk <input type="checkbox"/> Elective surg. <input type="checkbox"/> cute systemic dz <input type="checkbox"/> Mild exac. ch. dz <input type="checkbox"/> 2 ch.dz	④ <input type="checkbox"/> Dz threat function/life <input type="checkbox"/> RX w/risk/monitoring <input type="checkbox"/> Emergency procedure <input type="checkbox"/> Procedure w/risk <input type="checkbox"/> Severe exac.ch.dz <input type="checkbox"/> Parenteral narcotic
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Critically ill: injured patient
Total full-attention by attending: first 31-74 min addtl. 30 min x (total time: _____) Physician Signature _____

Physicians Orders/Progress Notes



F1230