

Kindred Hospital  
Louisville

1313 St. Anthony Place Louisville, Kentucky 40204

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Critically  ill;  injured patient  
Total full-attention by attending:  first 31-74 min  
 addtl. 30 min x \_\_\_\_\_ (total time: \_\_\_\_\_)

REQUESTED BY: \_\_\_\_\_

INITIAL	CONSULT NOTE	Attending:
Information from: _____ Patient _____ Family _____ Caregiver		
<b>Reason:</b>		
<b>Present Illness:</b> Main sign/symptom (1/1/4/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)		

**MEDS:**

**ROS:** Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described (0/s.d./2/10/10)

Constitutional \_\_, skin \_\_, eyes \_\_, ENMT \_\_, Resp \_\_, CV \_\_, GI \_\_, GU \_\_, musculoskeletal \_\_,  
Lymph \_\_, neuro \_\_, Psych \_\_, endocrine \_\_, immune \_\_

**Positives:**

**Past History (0/0/1/3/3): DRUG ALLERGIES:**

**Medical**

**Social**

**Family**


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

**Physical exam (1/6/12/2x9/2x9):** At a minimum, areas checked (✓) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #:

<p>1. Appearance <input type="checkbox"/> ≥ 3 V.S. <input type="checkbox"/></p> <p>2. Skin/SQ inspec <input type="checkbox"/> palp <input type="checkbox"/></p> <p>3. Conj /lids <input type="checkbox"/>, pupils/iris <input type="checkbox"/> fundus <input type="checkbox"/></p> <p>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"/>, orophary <input type="checkbox"/></p> <p>5. Breast insp <input type="checkbox"/>, B. palp <input type="checkbox"/></p> <p>6. Neck <input type="checkbox"/>, thyroid <input type="checkbox"/></p> <p>7. Resp effort <input type="checkbox"/>, chest percu <input type="checkbox"/> Ch. Palp <input type="checkbox"/>, lung auscul <input type="checkbox"/></p> <p>8. Heart palp <input type="checkbox"/>, H. auscul <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"/></p>		<p>9. Abd palp <input type="checkbox"/>, liver/ spleen <input type="checkbox"/> hernias <input type="checkbox"/>, ano -rectal <input type="checkbox"/> guaiae (if indicated) <input type="checkbox"/></p> <p>10. Scrotum/testes <input type="checkbox"/> penis <input type="checkbox"/>, prostate <input type="checkbox"/></p> <p>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"/></p> <p>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"/></p> <p>13. Neck LN <input type="checkbox"/>, axillae LN <input type="checkbox"/> groin LN <input type="checkbox"/>                      LN <input type="checkbox"/></p> <p>14. CN: DTR/ Babinski <input type="checkbox"/>, sensation <input type="checkbox"/></p> <p>15. Judgement/insight <input type="checkbox"/> orientation <input type="checkbox"/>, memory <input type="checkbox"/> mood/affect <input type="checkbox"/></p>
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**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 (1/1/2/3/4 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:** (1/1/2/3/4): [(New+W/U (4); New (3), Worsened (2), Stable (1), Improved (1), Self-Limited (1))] **Σ Dx=**

**Plan:**

<p><b>Risk (1/1/2/3/4)</b> ① <input type="checkbox"/> venous lab <input type="checkbox"/> urine test <input type="checkbox"/> EKG, EEG <input type="checkbox"/> U/S, Plain X-ray <input type="checkbox"/> Rest</p>	<p>② <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet <input type="checkbox"/> Contrast <input type="checkbox"/> Arterial X-ray puncture</p>	<p>③ <input type="checkbox"/> Prescrip. Drug <input type="checkbox"/> Proc. Avg. Risk <input type="checkbox"/> Elective surg. /Bx <input type="checkbox"/> Acute systemic dz <input type="checkbox"/> Mild exac.ch.dz <input type="checkbox"/> 2 ch stable.dz</p>	<p>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</p>
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COUNSEL > 50% OF (20/40/55/80/110) \_\_\_\_\_ MIN SESSION.                      Old records requested: \_\_\_\_\_  
Obtain Hx from family: \_\_\_\_\_

Signature: \_\_\_\_\_