



DATE: _____

TIME: _____

Critically ☐ill; ☐injured patient

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

☐ addtl. 30 min x _____ (total time: _____)[illegible]

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 <input type="checkbox"/> ≥ 3 V.S. <input type="checkbox"/> |
| 2. Skin/SO inspec <input type="checkbox"/> palp <input type="checkbox"/> |
| 3. Conj /lids <input type="checkbox"/> , pupils/iris <input type="checkbox"/>
fundus <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"/> , orophary <input type="checkbox"/> |
| 5. Breast insp <input type="checkbox"/> , B. palp <input type="checkbox"/> |
| 6. Neck <input type="checkbox"/> , thyroid <input type="checkbox"/> |
| 7. Resp effort <input type="checkbox"/> , chest percu <input type="checkbox"/>
Ch. Palp <input type="checkbox"/> , lung auscul <input type="checkbox"/> |
| 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"/> |
| 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"/> |
| 10. Scrotum/testes <input type="checkbox"/>
penis <input type="checkbox"/> , prostate <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"/> |
| 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"/> |
| 13. Neck LN <input type="checkbox"/> , axillae LN <input type="checkbox"/>
groin LN <input type="checkbox"/> , LN <input type="checkbox"/> |
| 14. CN: <input type="checkbox"/>
DTR/ Babinski <input type="checkbox"/> , sensation <input type="checkbox"/> |
| 15. Judgement/insight <input type="checkbox"/>
orientation <input type="checkbox"/> , memory <input type="checkbox"/>
mood/affect <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=**

DATE: _____
TIME: _____

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./Bx ☐ Acute systemic dz
☐ Mild exac. ch. dz ☐ 2 stable ch. dz

④

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

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

Old records requested: _____
Obtain Hx from family: _____

Signature: _____

(Rev. 6/04)TSM

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"/> ≥ 3 V.S. <input type="checkbox"/> 2. Skin/SQ inspec <input type="checkbox"/> palp <input type="checkbox"/> 3. Conj /lids <input type="checkbox"/> , pupils/iris <input type="checkbox"/> fundus <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"/> , orophary <input type="checkbox"/> 5. Breast insp <input type="checkbox"/> , B. palp <input type="checkbox"/> 6. Neck <input type="checkbox"/> , thyroid <input type="checkbox"/> 7. Resp effort <input type="checkbox"/> , chest percu <input type="checkbox"/> Ch. Palp <input type="checkbox"/> , lung auscul <input type="checkbox"/> 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"/>		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"/> 10. Scrotum/testes <input type="checkbox"/> penis <input type="checkbox"/> , prostate <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"/> 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"/> 13. Neck LN <input type="checkbox"/> , axillae LN <input type="checkbox"/> groin LN <input type="checkbox"/> , LN <input type="checkbox"/> 14. CN: <input type="checkbox"/> DTR/ Babinski <input type="checkbox"/> , sensation <input type="checkbox"/> 15. Judgement/insight <input type="checkbox"/> orientation <input type="checkbox"/> , memory <input type="checkbox"/> mood/affect <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		
Risk (2/3/4) w/risk/monitoring	② <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet ③ <input type="checkbox"/> Prescrip. Drug <input type="checkbox"/> Proc. Avg. Risk <input type="checkbox"/> Contrast <input type="checkbox"/> Arterial <input type="checkbox"/> Elective surg./Bx <input type="checkbox"/> Acute systemic dz X-ray <input type="checkbox"/> Mild avg. ch. dz <input type="checkbox"/> Stable ch. dz	④ <input type="checkbox"/> Dz threat function/life <input type="checkbox"/> Rx <input type="checkbox"/> Emergency procedure <input type="checkbox"/> Procedure w/risk <input type="checkbox"/> Severe avg. ch. dz <input type="checkbox"/> Remote/operative
<input type="checkbox"/> COUNSEL > 50% OF (30/50/70) MIN SESSION.		
Signature: _____		