



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)

Home Meds:

Immunizations:

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

Medical & Surgical

Social

Family

3. ROS (2/10/10)

Checked areas (✓) were explored, but negative; areas numbered (#) were positive as described.

Constitutional _____, Skin _____, Eyes _____, ENMT _____, Resp _____, CV _____, GI _____, GU _____,
Musculoskeletal _____, Lymph _____, Neuro _____, Psych _____, Endocrine _____, Immune _____

Positives:

Vital Signs: **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 ☐ ≥ 3 V.S. ☐
2. Skin/SO inspec ☐ palp ☐
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=



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: _____

..... 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): <u>Labs/Path:</u> O/R; <u>Radiol:</u> O/R, D, V (2); <u>Med test/Endo:</u> O/R,D,V (2); <u>Path:</u> D,V (2); <u>Old Records</u> Reviewed (2) ___ Requested ___ Σ Da=		
IMPRESSION/DX: (2/3/4): [(<u>New+W/U</u> (4); <u>New</u> (3); <u>Worsened</u> (2); <u>Stable</u> (1); <u>Improved</u> (1); <u>Self-limited</u> (1))] Σ Dx=		
Risk (2/3/4)	② <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet <input type="checkbox"/> Contrast <input type="checkbox"/> Arterial X-ray puncture	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 stable 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		
<input type="checkbox"/> COUNSEL > 50% OF (30/50/70) _____ MIN SESSION.		
Signature: _____		