UofL Health Care
University Hospital

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

Reason:

Present Illness: 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 #:

1. Appearance ☐ ≥ 3 V.S. ☐
2. Skin/SQ inspec ☐ palp ☐
3. Conj /lids ☐, pupils/iris ☐ fundus ☐
4. Ext ear/nose ☐, otoscopy ☐ hearing ☐, rhynoscopy ☐ 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 (**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 __ | ∑ Da=

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

Plan:

Risk (1/1/2/3/4) ① ☐venous lab ☐urine test ☐EKG,EEG ☐U/S,PlainX-ray ☐Rest | 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 ch stable.dz | ④ ☐Dz threat function/life ☐Rx w/risk/monitoring ☐Emergency procedure ☐Procedure w/risk ☐Severe exac.ch.dz ☐Parenteral narcotic

☐ COUNSEL > 50% OF (**20/40/55/80/110**) _____ MIN SESSION.

Old records requested:_____
Obtain Hx from family:

Signature: _____