

University Medical Associates, PSC UofL Health Care Outpatient Center 401 E. Chestnut Street, Suite 310 Louisville, KY 40202 Phone: 584-ULMD (8563)

Fax: 5	89-6	55/1	6
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NAME:			

Date of	Birth:	
	-	

Date/Time:		

				INIC NOTE				
Date				Requesting Physician				
Information Form PATIENT FAMILY CAREGIVER								
REASON:								
ILLNESS	Main sign/symptom (0	/1/1/4/4): (location, quali	ity, severity, duration,	timing, context, modifiers, a	ssociated signs/sym	pptoms)		
POS Cho	vokod orogo (1) woro ov	planed but pagative; are	as numbered (#) wer	nagitive as described (0/0/	1/2/10)			
Constitution	nal .Skin .Ev	res, ENMT,	Resp, CV	e positive as described (0/0/ _, GI, GU, Musc	culoskeletal, Lv	/mph, Neuro,		
Psych Positives	, Endocrine, Imm	nune						
FUSILIVES	.							
History (0	/0/0/1/3) Past,	Family, and S	Social was u	nchanged from	when	checked (√)		
History (0 PAST	Meds	Family, and S	New Dx/Surgery	New Vaccine	when	checked (√)		
PAST	Meds ☐ None ☐ Listed ETOH	NEW Allergy ☐ None ☐ Listed Tobacco	New Dx/Surgery ☐ None ☐ Liste Rec. Drug	New Vaccine d □ None □ Listed Abuse	☐ Other	checked (✓)		
	Meds None Listed ETOH None Listed	NEW Allergy ☐ None ☐ Listed	New Dx/Surgery ☐ None ☐ Liste	New Vaccine d □ None □ Listed Abuse		checked (√)		
PAST	Meds ☐ None ☐ Listed ETOH	NEW Allergy ☐ None ☐ Listed Tobacco	New Dx/Surgery ☐ None ☐ Liste Rec. Drug	New Vaccine d □ None □ Listed Abuse	☐ Other	checked (√)		
PAST	Meds None Listed ETOH None Listed New Dz in Family	NEW Allergy None Listed Tobacco None Listed	New Dx/Surgery ☐ None ☐ Liste Rec. Drug	New Vaccine d □ None □ Listed Abuse	☐ Other	checked (√)		
PAST SOCIAL FAMILY	Meds None Listed ETOH None Listed New Dz in Family	NEW Allergy None Listed Tobacco None Listed	New Dx/Surgery ☐ None ☐ Liste Rec. Drug	New Vaccine d □ None □ Listed Abuse	☐ Other	checked (√)		
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NAME:			
D-1	D'ad		
Date of	Birtn:		

Date/Time:	

GASTROEN	TEROLOGY/HE	PATOLOGY	OLLOW-UP CLIN	IIC NOTE			
PHYSICIAL:	Blood Pressure	Pulse	Respirations	Height	Weight		Temperature
PHYSICAL EX	XAM (0/1/6/12/9X2)	: At minimum, checi	ked (✔) areas were exam	ined but non-con	ntributory; areas cross	ed (X) were re	elevant as described
1. Appearance	ce □ > 3 V.S.					Scrotum/Te	estes
2. 🗆 Skin/SQ ir	spec 🛘 Palp					Prostate	D. Haathaa
3. ☐ Conj/lids ☐ Fundus	☐ Pupils/Iris				I	Ext/vagina Bladder Uterus	☐ Urethra ☐ Cervix ☐ Adnexa
4. ☐ Ext ear/no☐ Hearing☐ Lips/teeth/	se					Gait/station ROM	Insp/palp ☐ Stability
5. 🗆 Breast ins	p. □ B. palp					☐ Musc. stre	ngtn/tone ☐ Axillae LN
6. ☐ Neck ☐	Thyroid					Groin LN	LNLN
7. 🗖 Resp. effo	ort					CN: DTR/Babin: Sensation	ski
8. ☐ Heart palp☐ Carotid P☐ Pedal P☐ Edema/va	☐ Femoral P ☐ Abd Ao				15. 0	Judgement Orientation Memory	-
9. ☐ Abd palp ☐ Hernias ☐ Guaiac (if	☐ Liver/spleen☐ Ano-rectal indicated)					☐ Mood/affec	t
			re given if needed (O=ord pelow (0/1/2/3/4 points).	lered, R = Reviev	ved, D=discussed, V=	visualized) - (Circle or check (✔)
Labs/Path: O/R	Radiol: O/R, D, V (2); I	Med test/Endo: O/R	, D, V (2); Path: D, V(2); C	Old Records Revie	ewed (2) Reques	sted	Σ Da =
IMPRESSION/D	X: (1/1/2/3/4): New +	W/U (4); New (3); V	Norsened (2); Stable (1)	; Improved (1);	Self-Limited (1)		Σ Dx =
Assessment/P	an						
Risk (0/1/2/3/4)	2		3		4		
① Venous Lab □ EKG, EEG □ Rest	Urine Test U/S, Plain X-ray ☐ C	OTC Drug Diet Contrast Arterial -ray Puncture	☐ Prescrip Drug ☐ Prod☐ Elective Surg/Bx ☐ Acu	c Avg Risk te systemic dz	☐ Dz threat function/life☐ Emergency procedure☐ Severe exac ch dz		
D COUNSELIN	G > 50% OF (5/10/15/	25/40)	MIN SESSION	I		Old records re	
	- 0070 OT (0/10/10/		02001011			Obtain Hx fron	n family
			RTC		Signature		

M.D.

☐ Letter with recommendations sent to requesting physician