UNIVERSITY MEDICAL ASSOCIATES P.S.C.

University Medical Associates, PSC
UofL Health Care Outpatient Center
401 E. Chestnut Street, Suite 310
Louisville, KY 40202
Phone: 584-ULMD (8563)
Fax: 589-6576

NAME: _____

Date of Birth: _____

Date/Time: _____

GASTROENTEROLOGY/HEPATOLOGY TEACHING PHYSICIAN NOTE

Date:	Time:	❑ CONSULT ❑ NEW ❑ FOLLOW-UP

This note is to complement the intitial evaluation by trainee MD/Student _____

_____ from _____/_____/_____ *Level of billing reflects both*

Information From
❑ PATIENT ❑ FAMILY ❑ CAREGIVER

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 #)

Blood Pressure	Heart Rate	Temperature	Height	Weight	Respiratory Rate

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/gums ❑ Oropharynx
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 ❑ Digits/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.*

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: New + W/U (4); New (3); Worsened (2); Stable (1); Improved (1); Self-Limited (1) | Σ Dx =

PROGRESS NOTES

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Assessment/Plan:

Old records requested _____ Obtain Hx from family _____

RTC	Signature M.D.

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