

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 <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet
<input type="checkbox"/> Contrast X-ray <input type="checkbox"/> Arterial 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 |
|---|--|---|

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"/>
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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

Plan:

Risk (2/3/4)
 w/risk/monitoring

② <input type="checkbox"/> OTC drug <input type="checkbox"/> Diet <input type="checkbox"/> Contrast <input type="checkbox"/> Arterial <input type="checkbox"/> X-ray _____	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"/> Mid. 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"/> Postoperative
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COUNSEL > 50% OF (30/50/70) _____ MIN SESSION. Signature: _____