

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:_____

Date	Request By		Attending
Information From			
REASON:			
	/lain sign/symptom (1/1/4/4/4): (lo	cation, quality, severity, duration	n, timing, context, modifiers, associated signs/symptoms)
MEDICATIONS			
ROS Checked areas (1)	were explored, but negative; area	as numbered (#) were positive a	s described (0/1/2/10/10)
Constitutional, Skin	, Eyes, ENMT		, GU, Musculoskeletal, Lymph,
Neuro, Psych	_, Endocrine, Immune		
Positives:			
DRUG ALLERGIES			
PAST HISTORY (0/0/1	/3/3)		
MEDICAL			
SOCIAL			
FAMILY			



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PHYSICIAL:	Blood Pressur	e Pulse	Respiration	IS	Height		Weight	Temperature			
PHYSICAL EXAM (1/6/12/2x9/2x9): At minimum, checked (✓) areas were examined but non-contributory; areas crossed (X) were relevant as described											
1. C Appearance 2. Skin/SQ in								10. ☐ Scrotum/Testes ☐ Penis			
3. Conj/lids	Pupils/Iris						11. Ext/vagina Bladder Uterus	 Urethra Cervix Adnexa 			
4. Ext ear/no Hearing Lips/teeth/	se 🔲 Otoscop 🗆 Rhynos gums 🗅 Oropha	copy						12. Gait/station Digits/nails Insp/palp ROM Stability Musc. strength/tone			
5. 🗅 Breast ins	o. 🛛 B. palp						13. D Neck LN	Axillae LN			
	Thyroid						Groin LN	LN			
7. CRESP. effo	Lung aus	cul					14. CN: DTR/Babir Sensation	ski			
8. Heart palp Carotid P Pedal P Edema/va	Femora Abd Ao rices	Î P					15. UJudgemen Orientation Memory Mood/affed				
9. 🛛 Abd palp 🗋 Hernias 🗋 Guaiac (if	Liver/sple Ano-recta indicated)										
DATA Diagnostic studies evaluated by type; comments are given if needed (O=ordered, $R = Reviewed$, D=discussed, V=visualized) - Circle or check (\checkmark) indicates work done; only very relevant data was written below (1/1/2/3/4 points).											
Labs/Path: O/R	Radiol: O/R, D, \	/ (2); Med test/Endo: O/F	R, D, V (2); Path: D,	V(2); Old R	ecords Re	viewed (2)	Requested	Σ Da =			
								1			
IMPRESSION/DX: (1/1/2/3/4): New + W/U (4); New (3); Worsened (2); Stable (1); Improved (1); Self-Limited (1)								Σ Dx =			
Assessment/Pl	an										
Abbesomentri											
Risk (1/1/2/3/4)		2	3			4					
 ① Venous Lab □ EKG, EEG □ Rest 	Urine Test U/S, Plain X-ray	 OTC Drug Diet Contrast Arterial X-ray Puncture 	 Prescrip Drug Elective Surg/Bx 	 Proc Avg Acute sys 2 stable of 	stemic dz	Dz threat fur Emergency	procedure 🛛 🗅 Procedu				
COUNSELING > 50% OF (C: 15:30:40:60:80, N: 10:20:30:45:60) MIN SESSION Old records requested											
□ letter and/or	□ letter and/or □ fax with recommendations sent to requesting physician Obtain Hx from family										
RTC				Signature	!			M.D.			