Internal Medicine Clinic New Patient Evaluation Template Date Start time Stop time

Referring Physician

❑Patient is nonverbal or otherwise unable to provide history.
Information obtained from _____

Consultants

Reason for Consult/Chief Complaint

History of Present Illness

Review of Systems

See HPI	WNL		
❑	❑	**Constitutional**	Fatigue, malaise, fever/chills, weight loss, change in appetite
❑	❑	**Eyes**	Vision changes, New pain, Scotomas
❑	❑	**ENT/mouth**	Nose bleeds, dental caries, dental abscesses
❑	❑	**Resp**	Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze,
❑	❑	**CV**	Chest pain, diaphoresis, ankle edema, PND, syncope
❑	❑	**GI**	Emesis, dysphagia, GERD sx, abdom pain, diarrhea, melena
❑	❑	**GU**	Change in urinary habits, hematuria, dysuria
❑	❑	**Musc**	Myalgias, recent trauma, bony fractures
❑	❑	**Skin/breasts**	Rashes, nonhealing areas, new masses
❑	❑	**Neuro**	New paresthesias, gait abnormalities, seizures, muscle weakness
❑	❑	**Endo**	Hair loss, polydipsia
❑	❑	**Heme/lymph**	Bleeding gums, unusual bruising, swollen lymph nodes
❑	❑	**Allergy/Immun**	Sinus probs, recurrent infections
❑	❑	**Psych**	Mood changes, agitation, psychosis, delirium, dementia

Allergies

❑Allergy list reviewed
- ❑ No drug allergies
- ❑ No food allergies

Past Medical and Social History

- ❑ Asthma
- ❑ Cerebral Vascular Disease
- ❑ Congestive Heart Failure
- ❑ COPD
- ❑ Coronary Artery Disease
- ❑ Diabetes ❑Type I ❑Type II
- ❑ Hepatic Dysfunction
- ❑ Hypertension
- ❑ Obstructive Sleep Apnea
- ❑ Malignancy
- ❑ Neuromuscular weakness
- ❑ Pancreatitis
- ❑ Peripheral Vascular Disease
- ❑ Renal Dysfunction
- ❑ Seizure Disorder
- ❑ Thrombotic Disease
- ❑ Thyroid Disease
- ❑ Prior Intubations
- ❑ Steroid use
- ❑ Chemotherapy
- ❑ Radiation exposure
- ❑ Autoimmune disease
- ❑ Occupational exposures
- ❑ PFTs
- ❑ ECHO/Stress Test
- ❑ Sleep Study
- ❑ Colonoscopy
- ❑ Mammogram
- ❑ PapSmear

❑ Tobacco ____ Packs x ____ Yrs ❑ Quit
❑ Alcohol
❑ Recreational drugs

Vaccines ❑Flu ❑Pneumo ❑ BCG ❑ Tetanus ❑Pertussis

Medications

❑ Med list reviewed
- ❑ Changes as follows

Surgeries

Family Medical History

- ❑ Asthma
- ❑ Cerebral Vascular Disease
- ❑ Congestive Heart Failure
- ❑ COPD
- ❑ Coronary Artery Disease
- ❑ Diabetes ❑Type I ❑Type II
- ❑ Hepatic Dysfunction
- ❑ Hypertension
- ❑ Malignancy
- ❑ Neuromuscular Disease
- ❑ Pancreatitis
- ❑ Periph Vascular Dis
- ❑ Renal Dysfunction
- ❑ Seizure Disorder
- ❑ Thrombotic Disorder
- ❑ Thyroid Disease

SAMPLE

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Internal Medicine Clinic New Patient Evaluation Template Date Start time Stop time

Exam

T
P
R
BP
Wt
Pulse ox

General ❑ Alert
Eye ❑ Conjunctivae ❑**Pupils** ❑Discs
ENT ❑TM ❑Pharynx ❑Dentition ❑ Nasal ❑External ears ❑ Hearing
Neck ❑ Exam ❑ Thyroid
Resp ❑ Clear to auscultation ❑ Clear to percussion ❑Effort ❑Normal to palpation
CV ❑ **Auscultation** ❑ Palpation ❑ **Edema** ❑Carotids ❑ Aorta ❑Femoral pulses ❑ **Pedal pulses**
GI ❑ **Abdomen** ❑ No hepatosplenomegaly ❑ No hernias ❑ Rectum ❑ Guaiac
Breasts ❑ Inspection ❑Palpation
GI ❑ **Abdomen** ❑ No hepatosplenomegaly ❑ No hernias ❑ Rectum ❑ Guaiac
GU ❑ Scrotum ❑ Penis ❑ Prostate ❑ Urethra
Gyn ❑ External ❑ Bladder ❑ Cervix ❑ Uterus ❑ Adnexa
Lymph ❑ Neck ❑ Axilla ❑ Groin ❑ Other
Musc ❑ Gait ❑ Digit ❑ Inspection ❑ ROM ❑ Stability ❑ Strength
Skin ❑ Inspection ❑ Palpation
Neuro ❑ CN ❑ DTR ❑ Sensation
Psych ❑ Affect ❑ Orientation ❑ Insight ❑ Memory

Labs/Tests **Impression/Plan**

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❑ Influenza vaccine
❑ Pneumococcal vaccine
❑ Colonoscopy
❑ Mammogram
❑ Other

❑ Labs

❑ Consult

❑ Follow Up

Signature/Date:

CODE STATUS: ❑ **Full code** ❑ **Do Not Attempt Resuscitation**

Data Reviewed: ❑ ER Notes ❑ Old Chart ❑Nursing Notes & Vitals log ❑ Labs ❑ Radiology data ❑ECHO ❑ECG ❑ Stress Test ❑ PFT ❑ Diabetic log

Coordination of care: ❑ Discuss w/HCPOA ❑ Discuss w/Social Worker

SAMPLE

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