

Referring Physician Reason for Consult/Chief Complaint History of Present Illness		<input type="checkbox"/> Patient is nonverbal or otherwise unable to provide history. Information obtained from _____	Consultants																																				
Review of Systems <small>See HPI WNL</small>		Allergies <input type="checkbox"/> Allergy list reviewed <input type="checkbox"/> No drug allergies <input type="checkbox"/> No food allergies																																					
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Exam		
T P R BP Wt Pulse ox	General <input type="checkbox"/> Alert	
	Eye <input type="checkbox"/> Conjunctivae <input type="checkbox"/> Pupils <input type="checkbox"/> Discs	
	ENT <input type="checkbox"/> TM <input type="checkbox"/> Pharynx <input type="checkbox"/> Dentition <input type="checkbox"/> Nasal <input type="checkbox"/> External ears <input type="checkbox"/> Hearing	
	Neck <input type="checkbox"/> Exam <input type="checkbox"/> Thyroid	
	Resp <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Clear to percussion <input type="checkbox"/> Effort <input type="checkbox"/> Normal to palpation	
	CV <input type="checkbox"/> Auscultation <input type="checkbox"/> Palpation <input type="checkbox"/> Edema <input type="checkbox"/> Carotids <input type="checkbox"/> Aorta <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Pedal pulses	
	GI <input type="checkbox"/> Abdomen <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> No hernias <input type="checkbox"/> Rectum <input type="checkbox"/> Guaiac	
	Breasts <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation	
	GU <input type="checkbox"/> Scrotum <input type="checkbox"/> Penis <input type="checkbox"/> Prostate <input type="checkbox"/> Urethra	
	Gyn <input type="checkbox"/> External <input type="checkbox"/> Bladder <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Adnexa	
	Lymph <input type="checkbox"/> Neck <input type="checkbox"/> Axilla <input type="checkbox"/> Groin <input type="checkbox"/> Other	
	Musc <input type="checkbox"/> Gait <input type="checkbox"/> Digit <input type="checkbox"/> Inspection <input type="checkbox"/> ROM <input type="checkbox"/> Stability <input type="checkbox"/> Strength	
	Skin <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation	
	Neuro <input type="checkbox"/> CN <input type="checkbox"/> DTR <input type="checkbox"/> Sensation	
	Psych <input type="checkbox"/> Affect <input type="checkbox"/> Orientation <input type="checkbox"/> Insight <input type="checkbox"/> Memory	
	Labs/Tests	Impression/Plan
	<p>To purchase this template, or order a custom template, go to</p> <p>www.e-medtools.com</p>	
<p>This pt may benefit from</p> <p><input type="checkbox"/> Aggressive pulmonary toilet</p> <p><input type="checkbox"/> DVT prophylaxis</p> <p><input type="checkbox"/> Stress ulcer prophylaxis</p> <p><input type="checkbox"/> Daily sedation vacation</p> <p><input type="checkbox"/> Head of bed elevated > 30 Degrees at all times</p> <p><input type="checkbox"/> Intense glycemic control</p> <p><input type="checkbox"/> Pneum vac prior to discharge</p> <p><input type="checkbox"/> Flu vac prior to discharge</p> <p><input type="checkbox"/> Changing central lines</p> <p><input type="checkbox"/> Physical therapy</p> <p><input type="checkbox"/> Speech therapy evaluation</p> <p><input type="checkbox"/> Enteral/Parenteral feeds</p>		
<p>Signature/Date:</p> <p>CODE STATUS: <input type="checkbox"/> Full code <input type="checkbox"/> Do Not Attempt Resuscitation</p>		
<p>Data Reviewed: <input type="checkbox"/> ER Notes <input type="checkbox"/> Old Chart <input type="checkbox"/> Nursing Notes & Vitals log <input type="checkbox"/> Labs <input type="checkbox"/> Radiology data <input type="checkbox"/> ECHO <input type="checkbox"/> ECG <input type="checkbox"/> Stress Test <input type="checkbox"/> PFT <input type="checkbox"/> Diabetic log</p> <p>Care Coordinated with: <input type="checkbox"/> ER MD <input type="checkbox"/> HCPOA <input type="checkbox"/> PCP <input type="checkbox"/> Case Mgmt or SW <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nutrition team <input type="checkbox"/> Physical therapy <input type="checkbox"/> Respiratory therapy <input type="checkbox"/> Nursing Staff</p>		