Pulmonary Critical Care New Clinic Patient Evaluation Template Date Start time Stop time MRN

Referring Physician **PCP**

Reason for consult

History of Present Illness

Allergies

❑ Allergies reviewed

❑ No drug allergies

❑ No food allergies

❑Patient is Nonverbal. History obtained from _____.

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

Medications

❑ Medications reviewed

❑ Changes as follows

Past Medical and Social History

❑ Asthma
❑ Cerebral Vascular Disease
❑ Congestive Heart Failure
❑ COPD
❑ Coronary Artery Disease
❑ Diabetes ❑Type I ❑Type II
❑ Hepatic Dysfunction
❑ Hypertension
❑ Pulmonary Hypertension

❑ Malignancy
❑ Neuromuscular weakness
❑ Pancreatitis
❑ Peripheral Vascular Disease
❑ Renal Dysfunction
❑ Seizure Disorder
❑ Thrombotic Disease
❑ Thyroid Disease
❑ Obstructive Sleep Apnea

❑ 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

Surgeries

❑Denies surgical history

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

Exposure to

❑ Hot tub
❑ Pressure washings
❑ Pets/Feathers
❑ Chemicals
❑ Organic/Inorganic dusts

Occupations

Travel history

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Exam	❑ Checked box indicates findings are within normal limits	
T	***General**	❑ Alert
P	***ENT**	❑ Nasal mucosa ❑ Dentition ❑ Oropharynx Mallampati I II III IV
R	***Neck**	❑ Normal to palpation ❑ Thyroid ❑ No JVD
BP	***Resp**	❑ Clear to auscultation ❑ Clear to percussion ❑No respiratory distress ❑No chest wall defects
Wt	***CV**	❑ Clear S1 S2 ❑ No murmur ❑ No gallop ❑No rub ❑ Periph pulses ❑ No peripheral edema
Sats	***GI**	❑No palpable masses ❑ No hepatosplenomegaly ❑ No hepatojugular reflux
	Lymph	❑ No lymphadenopathy
	Musc	❑Tone ❑ Gait
	Extrem	❑ No clubbing ❑ No cyanosis
	Skin	❑ No rashes, ecchymoses, nodules, ulcers
	Neuro	❑ Oriented ❑Affect

Labs/Tests **Impression/Plan**

This pt may benefit from

- ❑Pulmonary Function Testing
- ❑Chest CT
- ❑ECHO
- ❑CXR
- ❑Cardiopulmonary Stress Test
- ❑Pneumococcal vaccine
- ❑Influenza vaccine
- ❑PPD Testing
- ❑Sputum cultures
- ❑Pulmonary Rehabilitation
- ❑Smoking cessation aids
- ❑Labs

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/ER MD ❑Discuss w/HCPOA ❑Discuss w/PCP ❑Case Mgmt or SW ❑Pharmacy, ❑Nutrition team, ❑Physical therapy ❑Respiratory therapy, ❑Nursing