### Physician Note - Emergency Department

**History of Present Illness:**

- Include location, quality, severity, duration, timing, context, and modifying factors and associated signs and symptoms.

### Physical Exam

- Vital Signs:
  - **M:**
  - **P:**
  - **R:**
  - **BP:**

- **Sensory Exam:**
  - **Sight:**
  - **Hearing:**
  - **Taste:**
  - **Touch:**

- **Mental Status:**
  - Orientation:
  - Communication:
  - Memory:
  - Judgment:

- **Motor Exam:**
  - Strength:
  - Reflexes:

- **Neurological Exam:**
  - Cranial Nerves:
  - Motor Function:
  - Sensory Function:

### Laboratory Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td></td>
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<tr>
<td>SMA</td>
<td></td>
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<tr>
<td>FBC</td>
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<tr>
<td>UA</td>
<td></td>
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<tr>
<td>EKG</td>
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</tbody>
</table>

### Medications

- **Prescribed:**
- **Over-the-Counter:**
- **Allergies:**

### Additional Orders

- **Diagnosis:**
- **Plan:**
- **Discharge Instructions:**

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**Signature:**

- **Patient:**
- **Physician:**
- **Resident:**
- **Attending:**

---

**Chart Complete:**

- **Discharge Time:**

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**MEDICAL RECORDS**

- **WHITE = MEDICAL RECORD**
- **YELLOW = BILLING**
- **PINK = CLINIC**

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**Date:**

- **2010 rev. 04/04**

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University of Medical Center

Diagnostic Test Interpretations

Cardiac Monitor: Saturations: NSR; Other

ECG: Saturations: NSR; Other

PR: NS
QRS: NS
Ado: NS

Previous EKG: N/A

Hematology: WBC, Hgb, Hct, Plts, seg, bands, lymphs

Metabolic Profile: Glu, BUN, Cr, Na, K, Ca, CO2

Cardiac Tests: CK, CKMB, Cardiac Index, Troponin, BNP

Coags: PT, PTT, INR

UA: WBC, RBC, Bile, Leuk., Nit, Lipid, Dipstick

Abdominal Labs: Amylase

ABG: pH, pO2, pCO2, % sat

Other Labs

Procedures

Lacerations

DISTAL SENSORY
DISTAL CIRCULATION
TENDONS
PREPARATION
ANESTHESIA

Other Procedures:

Complications: No

ED Course (Timing, Reason, Intervention, and Result)

Remarks

1. Unchanged / Improved / Worse
2. Unchanged / Improved / Worse

Calls Placed and Discussion:

Consultant: (Name)

Consultant response:

Conclusions:

Critical care time spent with patient was: _ _ _ _ minutes.

Clinical Impression / Diagnosis

1. 2. 3.

C.O.D.: __ Good, __ Fair, __ Poor, __ Critical, __ Expired
Disposition Of Patient: __ Home, __ AMA, __ Admit to Room, __ Transferred to

RN signature: __ Med. student signature: __ Resident signature: __

Print Name: __ Print Name: __ Print Name: __

I performed a history and physical examination of the patient and discussed the patient's management with the resident. Excepting any notations made by me in my note, I agree with resident's findings and plan as documented in the resident's note.

Attending Physician: __

Print Name: __