

# HOSPITAL

## NEUROLOGY FOLLOW-UP CONSULTATION NOTE

Date: \_\_\_\_\_ Time: \_\_\_\_\_

<p><b>Interval change:</b></p> <p><b>FH &amp;SH:</b> <input type="checkbox"/> Same as admission/consult note.</p> <p><b>ROS:</b> <input type="checkbox"/> Same as admission note.  <input type="checkbox"/> No headache, nausea, fever, cough, SOB, chest pain, or rash.                  Other: _____</p> <p><b>Vitals:</b> <input type="checkbox"/> see resident note. BP: _____ P: _____ RR: _____ Temp: _____</p> <p><b>Exam:</b> General: <input type="checkbox"/> See resident note.</p> <p><b>Neuro:</b> <input type="checkbox"/> No change from our previous notes, except:</p>  <p><b>Pertinent data:</b> <input type="checkbox"/> See resident note.</p> <p><b>CT:</b> _____ <b>MRI/A:</b> _____</p> <p>Blood tests, Telemetry, Carotid u/s, Echo, EEG, CSF, or other.</p>  <p><b>Assessment:</b></p>   <p><b>Plan/Recommendations:</b></p>	<p><b>Medications:</b></p>          
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DATE	TIME (24hrs)	RESIDENT SIGNATURE	REEPER & PAS #
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I personally saw and examined the patient. I read the above note and confirm the history, exam, and A/P of care.

I spent \_\_\_\_ / \_\_\_\_ minutes on counseling patient/family, discussion with house staff, and coordination of care.

Direct critical care consultation time (in ICU/ER): \_\_\_\_\_

DATE	TIME (24hrs)	ATTENDING PHYSICIAN SIGNATURE	REEPER & PAS #
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Please do not hesitate to contact us if you have any questions: 410 607-5448 (Neurology pager).