<table>
<thead>
<tr>
<th>REVIEW OF SYSTEMS:</th>
<th>NORMAL/ABNORMAL</th>
<th>COMMENTS IF ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>ENMT</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td>☐ normal</td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td>☐ normal</td>
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Other Symptoms

**Problem pertinent ROS: 1 system**

**Extended ROS: 2-9 systems**

**Complete ROS: 10 systems**

☐ I have reviewed the resident/fellow’s HPI, PMH, PFSH and ROS and agree with the above ________________________________

☐ ROS Unobtainable Reason: __________________________________________

**PHYSICAL EXAMINATION**

**SYSTEM/ELEMENT**

**CONSTITUTIONAL:**

☐ general appearance

**EYES:**

☐ nl Conj

☐ PERRL

☐ EOMI

☐ no cataracts

☐ nl retina

☐ nl visual fields

**EARS, NOSE, MOUTH & THROAT:**

☐ nl nasal mucosa, septum, turbinates

☐ nl teeth, gums

☐ nl oropharynx

☐ nl external auditory canal, TM

**RESIDENT/FELLOW EXAM**

(If abnormal)

<table>
<thead>
<tr>
<th>RR:</th>
<th>Pulse:</th>
</tr>
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<tbody>
<tr>
<td>Ht:</td>
<td>Wt:</td>
</tr>
<tr>
<td>BP:</td>
<td>Temp:</td>
</tr>
<tr>
<td>BMI:</td>
<td></td>
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</tbody>
</table>

**TEACHING PHYSICIAN EXAM**

(If abnormal)
**Name**  
**Medical Record No.**

**NECK:**  
- [ ] nl neck appearance  
- [ ] nl jugular veins  
- [ ] thyroid normal size, without nodules  
- [ ] trachea midline

**RESPIRATORY:**  
- [ ] nl respiratory effort  
- [ ] nl auscultation  
- [ ] nl chest percussion

**BREAST:**  
- [ ] nl inspect  
- [ ] nl palp

**CARDIOVASCULAR:**  
- [ ] regular rhythm, no murmur, gal, rubs

**GASTROINTESTINAL:**  
- [ ] no surgical scars  
- [ ] no tenderness or masses  
- [ ] no hepatosplenomegaly

**LYMPHATIC:**  
- [ ] no neck, supraclav, axil, or ing adenop

**MUSCULOSKELETAL:**  
- [ ] nl muscle strength, tone and motion  
- [ ] nl gate and station

**EXTREMITIES:**  
- [ ] no clubbing, cyanosis or edema  
- [ ] no lesions  
- [ ] nails normal

**PULSES/BRUIT:**  
- [ ] nl carotid  
- [ ] nl femoral  
- [ ] nl abd aorta  
- [ ] nl DP  
- [ ] nl PR

**NEUROLOGIC/PSYCHIATRIC:**  
- [ ] alert and oriented x 3  
- [ ] nl mood and affect  
- [ ] CN2-12 intact  
- [ ] light touch, vibratory, proprioception intact  
- [ ] nl DTR

**SKIN:**  
- [ ] no rashes, lesions, or ulcers

**OTHER:**

*Problem Focused = 1-5 elements; Expanded Problem Focused = 6 elements; Detailed = 12 elements;  
Comprehensive = all elements for first 6 systems (Constitutional through Gastrointestinal) + 1 element in every other system*
NOTABLE LABS:

- T Bili
- ALT
- AST
- ALKP

- TC
- TG
- LDL
- HDL
- Urine microalbumin
- U/A
- Calcium
- Phosphorus
- Albumin
- HgbA1c
- TSH
- T4
- T3
- Thy. Aby

Other Labs:

EKG:

Radiologic Studies:

Glucose Measurements and Insulin Dose

<table>
<thead>
<tr>
<th>Date</th>
<th>B</th>
<th>L</th>
<th>D</th>
<th>HS</th>
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<tbody>
<tr>
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Assessment/Plan: 1) amount/complexity of data 2) number of diagnosis and treatment options 3) risk of complications

Teaching Physician: Assessment and plan reviewed with resident/fellow, labs/tests are as above and I confirm/revise the differential diagnosis as follows:

[Signature]

[Date] 7/02
☐ I personally performed the key portions of the H&P and reviewed the resident/fellow’s documentation.
☐ I was present during and observed the resident/fellow perform the key portions of the H&P.
☐ I engaged in the E&M without the resident/fellow.

<table>
<thead>
<tr>
<th>Signature of Resident/Fellow Physician</th>
<th>ID #</th>
<th>Signature of Teaching Physician</th>
<th>ID #</th>
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<thead>
<tr>
<th>Printed Name of Resident/Fellow</th>
<th></th>
<th>Printed Name of Teaching Physician</th>
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☐ Initial Care 9922 _____ (1-3)  ☐ Initial Consult 9925 _____ (1-5)  ☐ Sep Procedure (-25)