UNIVERSITY OF MEDICAL CENTER
ENDOCRINOLOGY, DIABETES AND NUTRITION CONSULT
INPATIENT FIRST VISIT NOTE

Phone • Fax

PATIENT STAMP

☐ Initial Visit ☐ Consultation
Date of Service: _____ Time: _____
Consult Requested By: _____ M.D.
Service: _____ Patient Name: _____

HISTORY:
chief Complaint/Reason for Consultation: _____
HPI: *(location. quality, severity, duration, timing, context, modifying factors. associated symptoms/signs)*
(or the status of at least three chronic or inactive conditions)

Diabetes complication: _____

Teaching Physician HPI Statement: Date: _____ Time: _____

Brief HPI: 1-3 elements; Extended HPT: 4 elements or 3 c hronic/inactive conditions

PMH: _____

PSH: _____

MEDICATION : _____

SOCIAL:
Marital Status _____
Tobacco _____
Alcohol _____
Illicit Drugs _____
Occupation _____
Education _____
Support system _____

FAMILY Hx:
Diabetes _____
Hypertension _____
CV _____
Hypertipidemia _____
Thyroid disease _____
Other _____

ALLERGIES: _____

REVIEW OF SYSTEMS:	NORMAL/ ABNORMAL	COMMENTS IF ABNORMAL
Constitutional	❑ normal ❑ abnormal	
Skin	❑ normal ❑ abnormal	
ENMT	❑ normal ❑ abnormal	
Eyes	❑ normal ❑ abnormal	
Neck	❑ normal ❑ abnormal	
Respiratory	❑ normal ❑ abnormal	
Cardiovascular	❑ normal ❑ abnormal	
Gastrointestinal	❑ normal ❑ abnormal	
Genitourinary	❑ normal ❑ abnormal	
Musculoskeletal	❑ normal ❑ abnormal	
Neurological	❑ normal ❑ abnormal	
Psychiatric	❑ normal ❑ abnormal	
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 _____
Initials of TP

❑ ROS Unobtainable Reason: _____

PHYSICAL EXAMINATION

SYSTEM/ELEMENT

RESIDENT/FELLOW EXAM (If abnormal)

TEACHING PHYSICIAN EXAM (If abnormal)

CONSTITUTIONAL:

❑ general appearance

RR: _____ Pulse: _____ BP: _____ Temp: _____

Ht: _____ Wt: _____ BMI: _____

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

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 murm, 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 notion
- ❑ 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 PT

NEUROLOGIC/PSYCHIATRIC:

- ❑ alert and oriented x 3
- ❑ nl mood and affect
- ❑ CN2-12 intact
- ❑ light tough, vibratory, proprioception intact
- ❑ nl DTR

SKIN:

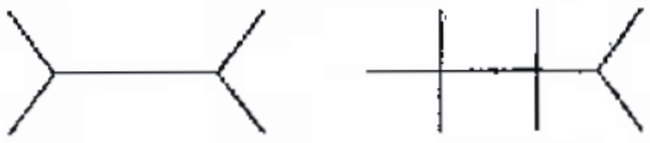
- ❑ no rashes, lesions, or ulcers

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

Name _____ Medical Record No. _____

NOTABLE LABS:



CBC SMA-7

T Bili _____
ALT _____
AST _____
ALKP _____

TC _____
TG _____
LDL _____
HDL _____

Urine microalbumin _____
U/A _____
Calcium _____
Phosphorus _____
Albumin _____

HgbAlc _____
TSH _____
T4 _____
T3 _____
Thy. Aby _____

Other Labs: _____
EKG: _____
Radiologic Studies: _____

Glucose Measurements and Insulin Dose

Date	B	L	D	HS		

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: _____
Initials of TP

Name _____ Medical Record No. _____

_____

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- ❑ 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.

_____	_____	_____	_____
Signature of Resident/Fellow Physician	ID #	Signature of Teaching Physician	ID #
_____		_____	
Printed Name of Resident/Fellow		Printed Name of Teaching Physician	

❑ Initial Care 9922 ____ (1-3) ❑ Initial Consult 9925 ____ (1-5) ❑ Sep Procedure (-25)