
SAMPLE DOCUMENTATION TEMPLATES

**UPHS – Department of Medicine
Initial Hospital Visit/Inpatient Consult Note**

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Date: _____ Time: _____
 Initial Visit Consult - Requesting Physician: _____

(Requires all 3 components: History, Exam, and Medical Decision Making)

(1) HISTORY:

Chief Complaint/HPI: 1. *(Consult: Level 3-5 = ≥4 elements; Level 1-2 = ≤3)*
 2. *(Admit: 4 elements required)*

(location/quality/duration/timing/severity/context/modifying factors/associated signs and symptoms)

unable to obtain (indicate reason)

Patient Name: _____

Allergies: NKDA

Medications: OTC Meds
 Supplements (Vits/Herbals)

I have considered the home medication list when writing admission orders.

ROS: 1. *(Consult: Level 4-5 = 10; Level 3 = 2-9; Level 2 = 1; Level 1 = 0)* Remainder Negative unable to obtain (indicate reason)
 2. *(Admit: Level 2-3 = ≥10; Level 1 = 2-9)*

	N1	Comments (positive or pertinent negs)		N1	Comments
Constitutional			Integumentary		
Eyes			Musculoskeletal		
Ears/Nose/Mouth/Throat			Neurologic		
Respiratory			Psychiatric		
Cardiovascular			Endocrinologic		
Gastrointestinal			Hematologic		
Genitourinary			Immunologic		

(Address ALL Histories; the term "non-contributory" is acceptable, when appropriate)

Past Medical and Surgical History: unable to obtain (indicate reason) Non-contributory

FH: Non obtainable NC

SH: Non obtainable NC

ETOH
 Tobacco use _____ pk yr
 IVDA/Last use _____
 Occupation:
 Living Situation



Date _____

MULTI-SYSTEM EXAMINATION: (*Consult: Level 4-5 = 2 boxes in 9 systems; Level 3 = any 12; Level 2 = any 6; Level 1 = any 5*)
Elaborate abnormal findings (*Admit: Level 2-3 = 2 boxes in 9 systems; Level 1 = any 12*)

Constitutional: T: _____ P: _____ reg BP: _____ sit RR: _____ WT: _____ HT: _____ See Flow Sheet
 irreg supine

Appearance:

Eyes: no scleral icterus PERRLA nl fundus exam

E/N/M/T: nl hearing nl external canals/tympanic membrane
 nl teeth, lips gums clear oropharynx

Neck: nl appearance and movements; nl JVP
 trachea midline
 no thyroid enlargement, masses

Respiratory: symmetrical chest expansion and respiratory effort
 clear to auscultation and palpation
 nl percussion

Breast: nl breast symmetry no masses/tenderness of breasts or axillae

Cardiovascular: nl sounds; no murmurs, gallops or rubs no JVD
 no carotid bruits nl PMI; no thrill
 nl pulses (*indicate*) femoral pedal other:

Abdominal: no tenderness; nl sounds no hernias present
 no hepatosplenomegaly nl digital rectal exam
 neg hemocult test

Lymphatic: no adenopathy: cervical supraclavicular axillary inguinal

Musculoskeletal: nl gait no clubbing, cyanosis
 nl symmetry, ROM, strength and tone

Skin: no rashes or ulcers no nodules

Neuro: nl cranial nerves nl reflexes nl sensation

Psych: alert, oriented to person, place, time
 intact memory nl affect, judgement, insight

Genitourinary: MALE: nl scrotum; no tenderness or masses nl penis
 nl digital rectal exam of prostate

FEMALE: (pelvic exam with or without specimen collection for smears and cultures)
 nl external genitalia and vagina no urethral tenderness
 nl bladder; no masses or tenderness
 nl cervix; no lesions or discharges nl uterus
 nl adnexa/parametria

Date _____

Data Review:

Assessment and Plan:

Resident/Medical Student Signature: _____ **Date:** _____ **Time:** _____

Date _____

Attending Supplement: (Minimum 1 element from 3 components: history, exam, and medical decision making).

I saw and examined the patient, and I agree with note by Dr: _____.

Discussed w/other provider: _____

Attending review:

- Lab Data
- Radiology
- OSH records
- Old Records
- Diagnostic Tests Ordered
- Radiology
- Cardiology
- Old Records
- Other

Attending Signature/Print: _____ Date: _____ Time: _____

C. Crumlish MD

A. Fuld MD

T. Hecht MD

C. Jaipaul MD

S. Krekun MD

J. Myers MD

S. Pickering MD

J. Savitz MD

D. Steinberg MD

S. Swift MD

K. Williams MD

Total Attending Floor Time (min): ____ Counseling/Coordination Time (>50% Total Floor Time, Face to Face w/Pt/Family): _____

Consult: 99251 (20 min) 99252 (40 min) 99253 (55 min) 99254 (80 min) 99255 (110 min) Observation Day

Initial: 99221 (30 min) 99222 (50 min) 99223 (70 min) Critical Care: Total Cumulative Time _____

Prolonged Care: Time: _____ (Face to Face with Patient only) -25 (Separately identifiable E/M service on procedure day)