SAMPLE DOCUMENTATION
TEMPLATES

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

Date: ______________  Time: ______________
☐ Initial Visit  ☐ Consult - Requesting Physician: ____________________________

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

Patient Name: ____________________________

Allergies: ☐ NKDA

Medications: ☐ OTC Meds
☐ Supplements
(Vits/Herbals)

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

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)

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)
2. (Admit: Level 2-3 = ≥10; Level 1 = 2-9)
☐ Remainder Negative  ☐ unable to obtain (indicate reason)

<table>
<thead>
<tr>
<th>Constitutional</th>
<th>N1</th>
<th>Comments (positive or pertinent negs)</th>
<th>Integumentary</th>
<th>N1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td>Musculoskeletal</td>
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<td>Ears/Nose/Mouth/Throat</td>
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<td>Neurologic</td>
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<td>Respiratory</td>
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<td>Psychiatric</td>
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<td>Hematologic</td>
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<tr>
<td>Genitourinary</td>
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<td>Immunologic</td>
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(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  ☐
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)


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 hemoccult 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
Data Review:

Assessment and Plan:

Resident/Medical Student Signature: _____________________________ Date: ________ Time: ________
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

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