**Lucile Salter Packard Children’s Hospital**  
**STANFORD UNIVERSITY MEDICAL CENTER**  
725 Welch Road  
Palo Alto, CA 94304  

**CLINIC VISITS**  
- **ENDOCRINOLOGY**  
- **ATTENDING PHYSICIAN DOCUMENT VERSION**

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**DOS (or see label above):**

**HISTORY**  
**Chief Complaint:**

**History of Present Illness:**

- Quality:
- Severity:
- Duration:
- Timing:

**Modifying Factors:**

**Associated Signs/Symptoms:**

**ROS**  
(Check all findings discussed; describe abnormal only)

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
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**Past History**

**Constitutional**  
- Eye

**ENT/ Mouth**  
- Respiratory

**Cardiovascular**  
- GI

**Genitourinary**  
- Neuro

**Skin**  
- Psych

**MS**  
- Endo

**Allergic**  
- Hem

**Social Hx:**  
_{Dad height:}

**Family Hx:**  
_{Mom height:}

**PHYSICAL EXAMINATION**  
(Check all findings discussed; describe abnormal only)

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**BP:** __________ mm   **Height:** __________ cm   **Weight:** __________ kg   
**Centile:** __________________   **See VS sheet/Cerner for details**

**Physical:** Normal/Text if abnormal  
**Normal/Text if abnormal**

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<tr>
<th>General</th>
<th>Eye</th>
<th>ENT</th>
<th>Respiratory</th>
<th>CV</th>
<th>GI</th>
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**MANAGEMENT PLAN**

**RTC**

**DIAGNOSIS**

- I was present and directly participated during the history and physical examination with the resident/fellow and participated in the management of the patient.
- I performed a separate history and physical examination of the patient without the resident/fellow and participated in the management of the patient.

**Section I. Initial one of the two statements below:**

- I was present and directly participated during the history and physical examination with the resident/fellow and participated in the management of the patient.
- I performed a separate history and physical examination of the patient without the resident/fellow and participated in the management of the patient.

**Section II. Initial one of the two statements below:**

- I reviewed the resident/fellow’s note dated __________/_________/_________ and agree with the documented findings, assessment, and plan of care. **with the addition and/or exception of the items documented in my note above.**
- I reviewed the resident/fellow’s note dated __________/_________/_________ and agree with the documented findings, assessment, and plan of care.

**DATE**  
**TIME**  
**Attending Signature:**

- Darrell M Wilson, MD  pager# 13250  
- Laura K Bachrach, MD  pager# 13007  
- Kirk Neely, MD  pager# 14315  
- Bruce Buckingham, MD  pager# 13732  
- Tandy Aye, MD  pager# 13796  
- Caroline Buckway, MD  pager# 13973  
- Brian Feldman, MD  pager# 14554  
- Avni Shah, MD  pager# 13963

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