Date of Service: ____________  Resident/Fellow: _____________________________  Service/Unit: __________________

(Print Name)

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.

_____ 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 below:

History:

Physical Examination Findings:

Impression and Plan:

Section III. Only applicable if counseling or coordination time (C) is >50% of total visit time (V):

(V) Total attending face to face and floor/unit time with patient and/or family: _______ minutes

(C) Total attending Counseling/Coordination time with patient and/or family: _______ minutes

Describe the counseling performed in the Impression and Plan area.

Section IV. Only applicable if this form is used on the day of discharge.

Total time spent with the patient was _______ minutes (not required to be continuous time).

Describe all services provided (such as final examination, discussion of hospital stay, instructions, preparation of discharge records) in the space above.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>Physician Signature:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PRINT Name:</td>
<td>Pager Number:</td>
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