

Lucile Salter Packard Children's Hospital

STANFORD UNIVERSITY MEDICAL CENTER
725 Welch Road Palo Alto, CA 94304



Medical Record Number

Patient Name

Addressograph or Label

CLINIC VISITS • ENDOCRINOLOGY • ATTENDING PHYSICIAN DOCUMENT VERSION

DOS (or see label above):

HISTORY Chief Complaint:

History of Present Illness:

Location:

Quality:

Severity:

Duration:

Timing:

Context:

Modifying Factors:

Associated Signs/Symptoms:

ROS (Check all findings discussed; describe abnormal only)

	Normal	Abnormal		Normal	Abnormal
Constitutional	<input type="checkbox"/>		Eye	<input type="checkbox"/>	
ENT/ Mouth	<input type="checkbox"/>		Respiratory	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>		GI	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>		Neuro	<input type="checkbox"/>	
Skin	<input type="checkbox"/>		Psych	<input type="checkbox"/>	
MS	<input type="checkbox"/>		Endo	<input type="checkbox"/>	
Allergic	<input type="checkbox"/>		Hem	<input type="checkbox"/>	

Past History

Chronic Meds:

Allergies: No known drug, food, or environmental allergies
 Allergy alert (See LINKS)

Hospital:

Birth hx:

Social Hx:

School:

Family Hx:

Dad height:

Mom height:

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

BP: _____ mm Height: _____ cm Centile _____ Weight: _____ kg Centile _____ See VS sheet/Cerner for details

Physical: Normal/Text if abnormal

General	<input type="checkbox"/>	Eye	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
CV	<input type="checkbox"/>	GI	<input type="checkbox"/>
GU	<input type="checkbox"/>	Neuro	<input type="checkbox"/>
Skin	<input type="checkbox"/>	MS	<input type="checkbox"/>
Endo	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>

MANAGEMENT PLAN

DIAGNOSIS

RTC

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 in my note above.

See dictated note for additional details

For Documentation by Time
DIAGNOSIS _____
I spent _____ minues in this encounter with this Patient. _____ of these minutes were spent in:
_____ counseling & coordination of care
_____ discussing the benefits of treatment
_____ discussing disease prognosis
_____ how to reduce risk
_____ giving instructions regarding compliance with the plan
_____ other _____.

DATE	TIME	Attending Signature:					
<input type="checkbox"/>	Darrell M Wilson, MD pager# 13250	<input type="checkbox"/>	Laura K Bachrach, MD pager# 13007	<input type="checkbox"/>	Kirk Neely, MD pager# 14315	<input type="checkbox"/>	Bruce Buckingham, MD pager# 13732
<input type="checkbox"/>	Tandy Aye, MD pager# 13796	<input type="checkbox"/>	Caroline Buckway, MD pager# 13973	<input type="checkbox"/>	Brian Feldman, MD pager# 14554	<input type="checkbox"/>	Avni Shah, MD pager# 13963
<input type="checkbox"/> Other Attending:							