

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

PROGRESS NOTES • TEACHING PHYSICIAN ENCOUNTER • INPATIENT

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.

DATE	TIME	Physician Signature:	Initials:
		PRINT Name:	Pager Number: