SU2C031

Smart Medicine
STONY BROOK
UNIVERSITY HOSPITAL
STONY BROOK, NY 11794
Expert Care

Department of Surgery
Division of _____
History & Physical
Date/Time: _____ Age:_____

Exam Requested by_____Signature_____ID#_____Date/Time_____
Reason for Exam/Admission: _____

Resident/Fellow/NP/PA Note
Chief Complaint:

History of the Present Illness:
Extended >than 4 elements, brief <3

Advance Directive: ☐ Yes ☐ No Details:
Medications (OTC included):

Medication Reconciliation Form Completed: ☐ Yes
Drug Allergies:

Past Medical/Surgical History: ☐DM ☐HTN ☐MI ☐CHF ☐CVA ☐COPD ☐Seizures ☐Bleeding ☐Other

Attending History Supplement
(Key Elements)
The attending physician revises/edits the Resident/Fellow/NP/PA's Chief Complaint, History of Present Illness, Meds/Allergies and PM/SH as follows:

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Social History:
Smoking History _____
Alcohol History: _____
Recreational Drug use History: _____
_____
Domestic Violence: _____
_____

Family History:
_____
_____

Adult Immunization History: ☐ Last Tetanus _____
_____
_____
_____

Resident/Fellow/NP/PA Note
Review of Systems: complete>10; Extended=2-9; Brief=1

Y	N	Constitutional:
☐	☐	fever or chills
☐	☐	fatigue
☐	☐	weight loss>5 lbs
☐	☐	anorexia
☐	☐	night sweats

Y	N	Cardiovascular:
☐	☐	chest pain
☐	☐	palpitations
☐	☐	PND
☐	☐	rest pain
☐	☐	claudication
☐	☐	ankle swelling

Y	N	Respiratory:
☐	☐	dyspnea on exertion
☐	☐	sputum production
☐	☐	snoring
☐	☐	cough

Y	N	Psychiatric
☐	☐	anxiety disorder
☐	☐	depression
☐	☐	sleep disturbances

Y	N	Eyes:
☐	☐	dry eyes or eye irritation
☐	☐	change in vision

Y	N	ENT
☐	☐	earaches
☐	☐	nose, sinus problems
☐	☐	sore throat
☐	☐	allergies

Y	N	Skin:
☐	☐	rashes

Y	N	Musculoskeletal:
☐	☐	muscle aches/arthralgias
☐	☐	arthritis

Y	N	Gastrointestinal:
☐	☐	heartburn or indigestion
☐	☐	difficulty swallowing
☐	☐	nausea or vomiting
☐	☐	abdominal pain
☐	☐	jaundice

Y	N	Genitourinary:
☐	☐	freq. or painful urination
☐	☐	nocturia
☐	☐	irregular menstrual periods/ vaginal bleeding
☐	☐	urethral or vaginal discharge

Y	N	Neurological:
☐	☐	headache
☐	☐	focal weakness
☐	☐	focal numbness
☐	☐	loss of consciousness

I concur with the Resident/Fellow/NP/PA ROS and Social/Family History above and amend the History as indicated:

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Examination
Resident/Fellow/NP/PA Note

Constitutional:
BP:_____ **P:**_____ **R:**_____ **WT:** _____
T:_____ **O2 Sat:**_____
☐ normal general appearance
Eyes: ☐ PERRL ☐ normal EOM ☐ normal sclera

HENT: ☐ normal inspection of nasal mucosa
☐ normal nares, teeth, gums

Neck:
☐ no JVD
☐ no adenopathy
☐ normal thyroid

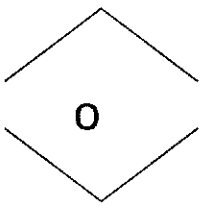
Breasts: ☐ no masses ☐ no discharge ☐ no axillary nodes

Respiratory:
☐ bilateral breath sounds
☐ normal chest percussion and palpitation

Cardiac:
☐ normal S_1,S_2 ☐ no murmurs, gallops, rubs
☐ regular rate and rhythm

Gastrointestinal:
☐ normal bowel sounds
☐ no organomegaly
☐ non-tender

Rectal/Pelvic:
☐ normal rectal exam
☐ normal pelvic exam



Genitourinary
☐ normal prostate ☐ normal scrotum/testes

Skin (Note size and location of any lesions)

Attending Exam Supplement
(Key Elements)

I examined the patient and confirm/revise the Resident/Fellow/NP/PA's Exam as follows:

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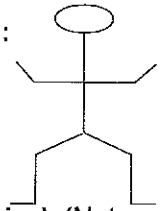
Examination (cont'd)
Resident/Fellow/NP/PA Note ☐ no clubbing
Vascular: ☐ no cyanosis ☐ normal capillary return ☐ no edema

_____

_____

Pulses:



Neurological: (Note any deficits) ☐ alert and oriented

_____

_____

_____

Musculoskeletal:

_____

_____

Attending Exam Supplement (cont'd)

I examined the patient and confirm/revise the Resident/Fellow/NP/PA's Exam as follows:

_____
Attending Signature/ID #:

Pain Scale: *Patient description of pain* ***BEFORE***

0 1 2 3 4 5 6 7 8 9 10
none mild moderate severe

and ***AFTER*** *analgesia*

0 1 2 3 4 5 6 7 8 9 10
none mild moderate severe

Study Results: MDM: Labs=1 point, Xray review=1 point, Xray review and interpreted=2 points, EKG=1 point
Notable Labs and Radiographic Images Reviewed and Interpreted:

WBC	Na	Ca	**Radiographs:**
Hgb	K	P	Chest _____
Hct	Cl	Mg	ABD _____
Plt	CO2	LFTs	CT _____
	BUN		_____
	Cr		_____
	Gluc		_____
			_____
			MR _____
ABG		Lactate	_____
U/A		Amy/Lip	Other studies: _____
Other Labs		PT/INR/APTT	_____
			_____

Studies reviewed by Dr(s) _____

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Pediatric Patients ☐ **N/A**

Birth History:
- ☐ Full Term WT _____
- ☐ Premature _____wks
- ☐ Vaginal Delivery
- ☐ C-Section

Diet: Type
- ☐ Breast Feeding
- ☐ Formula _____
- ☐ Solids

Immunization Records
- ☐ Up-to-Date

Attending Supplement
I examined the patient and confirm/revise the Resident/Fellow/NP/PA's Data as follows:

ASSESSMENT/DIAGNOSIS
Resident/Fellow/NP/PA Note:

ATTENDING ASSESSMENT/DIAGNOSIS
I concur/revise the Resident/Fellow/NP/PA's Diagnosis as follows:

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RECOMMENDATIONS/PLAN
Resident/Fellow/NP/PA Note

1) Diagnostic

2) Therapeutic

ATTENDING RECOMMENDATIONS/PLAN
I concur/revise the Resident/Fellow/NP/PA's Medical Decision-Making as follows:

☐ Initial Hospital Care 9922__(1-3) ☐ Initial Consult 9925__ (1-5) ☐ Prolonged Care 99356
☐ ED Consult 9924__(1-5) ☐ Critical Care, Initial 99291 ☐ Prolonged Critical Care 99292

Resident/Fellow/NP/PA Signature:_____ID#_____Date/Time_____

I personally examined the patient, reviewed the History, Physical Exam and Medical Decision-Making as done by the Resident/Fellow/NP/PA as indicated above.

Attending Signature:_____ID#_____Date/Time_____

Attending Name (Print): _____