

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Height: \_\_\_\_\_ | Weight: \_\_\_\_\_ | BP: \_\_\_\_\_ / \_\_\_\_\_ | P: \_\_\_\_\_ bpm | Temp: \_\_\_\_\_ | RR: \_\_\_\_\_ pm  
 Second BP after 10 minutes: \_\_\_\_\_ / \_\_\_\_\_

Consultation report to PCP or:

**Problem: Points:**  L5-New w/work-up |  L4-New |  L3-Worse |  L2 Same or Improved

**Level 4 and 5:** ( $\geq 4$  HPI + ROS  $\geq 10$  + PFSHx3) +  $\geq 9$  PE areas 2-elements each area + MDM <sup>2 of 3</sup> Moderate or Complex

**HPI:** 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms

**PAIN:** Severity: 0 \_\_\_\_\_ 5 \_\_\_\_\_ 10 | Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, \_\_\_\_\_

**3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:**


**High Risk-L5:**  Chronic illness w/severe exacerbation |  Order major surgery/endoscopy/imaging test w/risk factors

Drugs requiring intense monitoring, e.g. Lithium, Gabapentin |  Illness threat to life/organ function e.g. BP=180/110

Female sex started < 16 y/o, > 5 partners, Hx of STI, or  $\emptyset$  Pap in 7yrs |  Mgt of IM or Transdermal class II-V drug

Allergies:

Medications/Supplements:


PFSH 1: Medical History:


PFSH 1: Surgical History:


<b>PFSH &amp; ROS</b> review of systems	See Questionnaire	Notes:
PFSH 2: Family Hx	<input type="checkbox"/>	
PFSH 3: Social Hx	<input type="checkbox"/>	
1. Constitutional	<input type="checkbox"/>	
2. Eyes	<input type="checkbox"/>	
3. ENT & Mouth	<input type="checkbox"/>	
4. Cardiovascular	<input type="checkbox"/>	
5. Respiratory	<input type="checkbox"/>	
6. Gastrointestinal	<input type="checkbox"/>	
7. Genitourinary	<input type="checkbox"/>	
8. Musculoskeletal	<input type="checkbox"/>	
9. Skin	<input type="checkbox"/>	
10. Neurological	<input type="checkbox"/>	
11. Blood/Lymph	<input type="checkbox"/>	
12. Endocrine	<input type="checkbox"/>	
13 Allergy/Immun.	<input type="checkbox"/>	
14. Psychiatric	<input type="checkbox"/>	

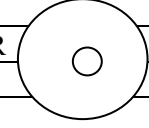
Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Anesthesia Services provided Physical Exam Elements

- |  |  |  |
|--|--|--|
| <p><b>1. Constitutional:</b><br/> <input type="checkbox"/> Well developed, well nourished, NAD<br/> <input type="checkbox"/> Vitals in at least 3 areas</p> <p><b>2. Eyes:</b><br/> <input type="checkbox"/> Conjunctiva clear, no lid lag &amp; deformity<br/> <input type="checkbox"/> PERRLA, extra-ocular movements intact<br/> <input type="checkbox"/> Optic disks normal in size; normal cup to disk ratio; no arteriolar narrowing, AV nicking, exudates, or hemorrhages</p> <p><b>3. Ears, Nose, Mouth and Throat:</b><br/> <input type="checkbox"/> External ears &amp; nose w/out scars, lesions, or masses<br/> <input type="checkbox"/> Hearing grossly intact<br/> <input type="checkbox"/> Pharynx pink, tonsils present, tongue &amp; uvula are midline<br/> <input type="checkbox"/> Lips moist and pink; teeth in good repair; gums pink &amp; firm<br/> <input type="checkbox"/> Nasal mucosa moist &amp; pink; septum midline; turbinates intact<br/> <input type="checkbox"/> Ext canals clear, TMs intact &amp; pearly grey</p> <p><b>4. Neck:</b><br/> <input type="checkbox"/> Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus<br/> <input type="checkbox"/> Thyroid non-enlarged, non-tender, no masses</p> <p><b>5. Respiratory:</b><br/> <input type="checkbox"/> Respiration is diaphragmatic &amp; even; accessory muscles not used<br/> <input type="checkbox"/> Lungs clear to auscultation; no vesicular breather sounds; no adventitious sounds or rubs<br/> <input type="checkbox"/> Tactile fremitus equal bilaterally<br/> <input type="checkbox"/> Chest percussion; no dullness, flatness, hyperresonance</p> | <p><b>6. Cardiovascular:</b><br/> <input type="checkbox"/> RRR; no extra sounds, murmurs, rubs or gallop<br/> <input type="checkbox"/> No carotid bruits<br/> <input type="checkbox"/> Abdominal aorta – no bruits; normal in diameter<br/> <input type="checkbox"/> Extremities, no edema or varicosities<br/> <input type="checkbox"/> Pedal pulses – intact and equal bilaterally<br/> <input type="checkbox"/> Femoral arteries – pulses intact &amp; equal; no bruits<br/> <input type="checkbox"/> Palpation of heart WNL; (eg, location, size, thrills)</p> <p><b>7. Gastrointestinal:</b><br/> <input type="checkbox"/> No tenderness or masses on palpation<br/> <input type="checkbox"/> No splenomegaly or hepatomegaly<br/> <input type="checkbox"/> Negative stool occult blood test <input type="checkbox"/> Positive FOBT<br/> <input type="checkbox"/> Sphincter tone WNL, no hemorrhoids or masses<br/> <input type="checkbox"/> No hernias present</p> <p><b>8. Musculoskeletal:</b><br/> <input type="checkbox"/> Gait and station is symmetrical &amp; balanced<br/> <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)<br/> <input type="checkbox"/> ROM WNL, no pain, crepitation or contracture<br/> <input type="checkbox"/> Stability intact, no dislocation, subluxation, or laxity<br/> <input type="checkbox"/> No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions<br/> <input type="checkbox"/> Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements</p> <p><b>9. Psychiatric:</b><br/> <input type="checkbox"/> Alert and oriented to time, place, and person<br/> <input type="checkbox"/> Mood and affect appropriate<br/> <input type="checkbox"/> Judgment &amp; insight WNL<br/> <input type="checkbox"/> Recent and remote memory intact</p> <p><b>10. Skin:</b><br/> <input type="checkbox"/> No rashes, lesions, or ulcers on visual inspection</p> | <p><input type="checkbox"/> No induration, sub-Q nodules, or tight...on palpation</p> <p><b>11. Lymphatic (2 areas required):</b><br/> <input type="checkbox"/> No cervical lymphadenopathy<br/> <input type="checkbox"/> No axillary lymphadenopathy<br/> <input type="checkbox"/> No inguinal lymphadenopathy<br/> <input type="checkbox"/> Other Area:</p> <p><b>12. Neurologic:</b><br/> <input type="checkbox"/> All cranial nerves intact<br/> <input type="checkbox"/> DTR 2+/4+ and equal bilaterally<br/> <input type="checkbox"/> No sensory deficits by touch, pin, vibration, or proprioception</p> <p><b>13.a Male genitourinary:</b><br/> <input type="checkbox"/> No penile lesions or discharge<br/> <input type="checkbox"/> DRE of prostate – palpable, non-enlarged, non-tender, no nodules<br/> <input type="checkbox"/> No hydrocele, spermatocele, tenderness of cord, or testicular masses</p> <p><b>13.b Female genitourinary:</b><br/> <input type="checkbox"/> External genitalia without lesions, masses, tenderness or swelling<br/> <input type="checkbox"/> Cervix smooth, uniform in color, without lesions<br/> <input type="checkbox"/> Uterus firm, non-tender, no masses<br/> <input type="checkbox"/> Parametrial Adnexa non-tender, no masses or nodularity<br/> <input type="checkbox"/> Bladder without masses or tenderness<br/> <input type="checkbox"/> Urethra without scarring, masses or tenderness</p> <p><b>14. Chest (Breasts):</b><br/> <input type="checkbox"/> Breasts appear symmetrical; no nipple discharge<br/> <input type="checkbox"/> No masses, lumps or tenderness on palpation in chest &amp; axillae</p> |
|--|--|--|

Diagnostic Endoscopies, e.g. anoscopy: **Moderate Risk-L4** ⇔  w/Identified Risk Factors = **High Risk-L5:** A

Pap smear  Vaginal discharge: \_\_\_\_\_  Uterine Size: \_\_\_\_\_ wks

Breast lump R L x cm  Skin Lesions on  Back or: \_\_\_\_\_ R  L

Marcaine 0.25% /Epi + Lidocaine 2% /Epi \_\_\_\_\_ cc  U/A \_\_\_\_\_

- Impression/Assessment:**  B37.3 Vaginitis-Candida  I10 Hypertension  N76.0 Vaginitis Bacterial  N92.0 Polymenorrhea  N95.1 Menopausal-Sx  R87.610 ASC-US  R87.612 LGSIL Pap  R87.613 HGSIL Pap  R87.81 High Risk HPV  R87.82 Low Risk HPV  Z01.411 GYN-Ex Abnormal  Z01.419 GYN-Ex Normal  Z12.39 Breast Neoplasia-Screen  Z12.4 Cervical Neoplasia Screen  Z12.72 Pap Screen  Z11.3 STD Screen  Z30.9 Contraceptive Mgt  Z11.51 HPV Screen

**Moderate Risk-L4:**  Bactrim DS  Diflucan 150mg  Gynazole-1 2%  Macrobid 100mg  Metformin 500mg  Metrogel-Vag 0.75%  Mircette 0.15-0.02/0.01 mg (21/5)  Premarin Cr 0.625mg/gm  Provera 10mg  Pyridium 200mg

**Plan:**  RTO  D Wk M  Ultrasound Pelvis  Mammograms  Pap Smear  FOBT  U/A

- 1)  Well Woman Labs  Irregular Menses Labs
- 2)
- 3)
- 4)

Dr. personally performed initial service & helped establish Tx protocol |  Dr. Present:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ DO, MD, PA