

Patient Name: _____ DOB _____ Date _____ Age _____
 Height: _____ | Weight: _____ | BP: _____/_____/_____ | P: _____ bpm | Temp: _____ | RR: _____ bpm
 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: (≥ 4 HPI + ROS ≥ 10 + PFSHx3) + ≥ 9 PE areas 2-elements each area + MDM ^{2 of 3}

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: PFSH: of ≤ 5 yr colon polyps, IBD, or colon cancer \Rightarrow Endoscopies, e.g., anoscopy (ordered below)

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 \Rightarrow Cervical Pap ordered

Allergies:

Medications/Supplements:

PFSH 1: Personal Medical Hx:

PFSH 1: Personal Surgical & Endoscopy Hx:

PFSH & ROS review of systems	See Questionnaire	Exam 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 _____ Date _____ Age _____

Physical Exam Elements

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

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

<input type="checkbox"/> Hemorrhoid Treated ⇔ <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Full Excision <input type="checkbox"/> Small incision technique		
<input type="checkbox"/> PO5 Sclerosant 1cc <input type="checkbox"/> Band Ligation <input type="checkbox"/> Destruction <input type="checkbox"/> Excoriations/Stippling <input type="checkbox"/> OMT	R	L
<input type="checkbox"/> Hemorrhoids - areas <input type="checkbox"/> Grade - <input type="checkbox"/> Symptomatic, e.g., erythematous <input type="checkbox"/> Pap		
<input type="checkbox"/> Anesthesia for pain-discomfort w/exam <input type="checkbox"/> Marcaine 0.25% w/Epi + Lidocaine 2% w/Epi _____ cc		
<input type="checkbox"/> Collection of dx specimen, e.g., FOBT <input type="checkbox"/> Biopsy/Excision <input type="checkbox"/> TPI Ext Sphincter-Myalgia		P
<input type="checkbox"/> Data Points-2pts: Review of Image/Specimen ⇔ <input type="checkbox"/> FOBT + - <input type="checkbox"/> Path-image		

Assessment: Hemorrhoids GI/Rectal Bleeding Anal Tags/Papillae Anal Fissure
 Prolapse Stenosis/Spasm Pruritus Ani Constipation Warts/lesions Anal Fistula Anal Abscess
 Heartburn Colon Cancer Screening > Age 45B/50

Rx **Moderate Risk-L4:** HC Cream 2.5% HC Suppositories Anal Hygiene Brochure Tylenol#3 Fiber Sup.
 Dilaudid Metronidazole NuLYTELY MiraLAX Prep Anti-Itch/Fissure Protocol High Fiber Diet
 Preoperative Rx(s) Postoperative Rx(s) Calmoseptine Cipro Bactrim DS Align Fodmap Diet

Plan: RTO D Wk M Colonoscopy EGD Anal Rectal Surgery Office Treatment

1) FOBT Path Report Pap Referral Second Opinion:
2)
3)
4)
5)