

ST. JOHN’S HOSPITAL

800 E. Carpenter St.

Springfield, Illinois 62769

Date: Time:

**CHIEF COMPLAINT:**

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| **INTERVAL HISTORY:** | | | | | | | | | | | | | | **ATTENDING NOTE:** |
|  | | | | | | | | | | | | | | CC: □ See assessment & plan |
|  | | | | | | | | | | | | | | History: (4 aspects for level 2 or level 3) or  □ 3 chronic conditions addressed |
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| **REVIEW OF SYMPTOMS:** □ unobtainable | | | | | | | | | | | | | |  |
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| **MEDS:** □ Reviewed MAR | | | | | | | | | | | | | | □ Past medical social, family histories reviewed as documented previously (for level 3) □ In addition |
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|  | | | | | | | | | | | | | | ROS: (1 finding for 1 system = level 2; 1 finding for  2 systems = level 3)   * I interviewed the patient and agree as documented * Corrections made □ In addition |
| Accuchecks (time) : | | | | AM | | | NOON | | PM | | | NIGHT | |
| Blood sugar value: | | | |  | | |  | |  | | |  | |
| **VITAL SIGNS:** | | | | | | | | | | | | | | EXAM: (2 findings for 1 system = level 1; 3 system  = level 2; 6 systems = level 3)   * I examined the patient and agree as documented * Corrections made □ In addition |
|  | Temp | | Resp Rate | | Heart Rate | Blood pressure | | Pulse O2  % O2 | | Weight | Ins / Out | | |
|  |  | |  | |  |  | |  | |  |  | | | KEY FINDINGS: |
| □ Foley catheter | | □ NG tube □ Central line: | | | | | | | □ Drains □ IVF | | | | □ Tele |  |
| **EXAMINATION:** | | | | | | | | | | | | | |  |
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| **MEDICAL DATA:**  Na CI  K HCO3 | | Bun  Glucose wbc  Cr | | | | | | | Hb    Hct | | | | Platelets | * Medical data: I reviewed including as documented on this form and: * Prior information □ Consultation notes * ECG □ Prior ECG * Radiology images □ Prior Radiology images |
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| Initials: | | | | | | | | | | | | | | Initials: |

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| Assessment & Plan: (Decision making complexity depends upon amount of data reviewed, risks of conditions and therapies & number of diagnotic and therapeutic options.) 2 out of 3 components (history, exam, decision making) are required. | | **ATTENDING NOTE:**  Assessment & Plan:  □ I spent minutes in counseling and/or  minutes in coordination of care (as documented below) which comprised more than half of the amount of time spent in the care of this patient with total floor time spent being minutes. (50 min. = Level 2; 70 min. = Level 3) (25 min. = level 2, 35 min. = level 3) |
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|  | | * I participated in the evaluation of the patient and discussed the management with residents. * Continued on next page |
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|  | | Sign: |
| Resident signature: Pager: | | Print : |
| Print name: | | Pager: |