



Place Patient Sticker Here

Ht: _____ cm

Wt.: _____ kg

ENDOCRINOLOGY

Allergies: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
			Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
			Endocrinology:
			Follow up of:
			Subjective
			Physical Exam.
			<input type="checkbox"/> Vital signs reviewed.
			1. General appearance: <input type="checkbox"/> Lean <input type="checkbox"/> Obese <input type="checkbox"/> No acute distress
			2. Eyes: <input type="checkbox"/> Pupils equal, round and reactive to light <input type="checkbox"/> Sclera anicteric
			<input type="checkbox"/> Pale conjunctiva
			3. Head & Neck: <input type="checkbox"/> Atraumatic <input type="checkbox"/> No JVD <input type="checkbox"/> Trachea midline
			4. Thyroid: <input type="checkbox"/> Normal thyroid <input type="checkbox"/> Goiter <input type="checkbox"/> Thyroid nodule
			5. ENT/Mouth: <input type="checkbox"/> oropharynx normal <input type="checkbox"/> + Denture <input type="checkbox"/> Nose normal
			6. CVS: <input type="checkbox"/> Regular rhythm <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> + murmur
			7. Thorax/lungs: <input type="checkbox"/> No respiratory distress <input type="checkbox"/> Normal breath sounds
			<input type="checkbox"/> Rales <input type="checkbox"/> wheezes <input type="checkbox"/> crackles
			8. Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> No organomegaly <input type="checkbox"/> Normal bowel sounds
			9. Musculoskeletal: <input type="checkbox"/> No CVA tenderness <input type="checkbox"/> + Edema of legs
			10. Hematologic/lymphatic: <input type="checkbox"/> No LAD <input type="checkbox"/> + LAD in ____ <input type="checkbox"/> Pale
			11. Skin & nails: <input type="checkbox"/> Dry <input type="checkbox"/> Tag <input type="checkbox"/> Acanthosis Nigricans <input type="checkbox"/> alopecia
			<input type="checkbox"/> Nail discoloration <input type="checkbox"/> Cyanosis <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Pallor
			12. Neurology/Psych: <input type="checkbox"/> CNF II-XII normal <input type="checkbox"/> No motor/sensory
			<input type="checkbox"/> deficit <input type="checkbox"/> oriented X 3 <input type="checkbox"/> confused <input type="checkbox"/> mood and affect normal
			13. Others:
			Labs
			Accucheck _____ Time _____
			Impression:
			Plan:
			Sig:
			Physician Signature: _____
			Physician ID# _____