



Place Patient Sticker Here

Ht: \_\_\_\_\_ cm

Wt.: \_\_\_\_\_ kg

Allergies: \_\_\_\_\_

HOSPITALIST

DATE & TIME	PHYSICIAN ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	IMPRESSION/PLAN		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
			Allergies: [ ] None
			CC: ROS:
			HEENT: Oropharynx nl: Yes/No Mucosa nl: Yes/No
			NECK: Neck Supple: Yes/No Thyroid nl: Yes/No
			Trach midline nl: Yes/No JVD: Yes/No
			APP: WNL Obese Cachectic
			RESP: INSP: nl Kyphosis Scoliosis
			EXCURS: nl Diminished
			PALP: Resonant Dull Other:
			EFFORT: nl Acc muscle use Tachypnea
			AUSCULT: Wheeze Rhonchi Crackles
			Bronchial WNL
			CV: HR Rhythm: Regular Irregular
			BP Murmur: Yes/No Rub: Yes/No
			S1 S2 nl: Yes/No Pulses nl: Yes/No
			ABD: Tender: Yes/No Distended: Yes/No
			HSMM: Yes/No Diarrhea: Yes/No
			Nutrition:
			RENAL: I/O Dialysis: Yes/No
			IVF: Diuretic:
			EXT: Clubbing: Yes/No Ecchymosis: Yes/No
			Edema: Yes/No Rash: Yes/No
			NEURO: LOC: Alert: Yes/No Oriented: Yes/No
			ID: Tmax: Cultures:
			Antibiotics
			SU/DVT: Prophylaxis:
			CXR:
			LAB:
			Physician signature:
			Physician ID#