# Medicine Consult Note - WakeMed

**Consult Service:** ☐ **Intensivist** ☐ **Hospitalist** ☐ **Medicine Teaching (Team A,B,C,D)** _____

**Date/Time:** _____ **Referring MD/Service:** _____

**Reason for consult:**

**HPI:**

Pts history obtained from

☐ Family ☐ Old chart review
☐ PMD ☐ Patient ☐ Outside facility records

| PMH: | Allergies: |
|---|---|
| | Meds: |

FH:

SH: ☐ Tob _____PPD ☐ EtOH ☐ Drugs

ROS: All Other ROS Negative ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Gen | | ENT | | GI | | Neuro | |
| Skin | | Resp | | GU | | Psych | |
| Eyes | | CV | | Heme | | Musc | |
| | | | | All/Imm | | Endo | |

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| Physical Exam | T | HR | RR | BP | POX |
|---|---|---|---|---|---|

| | Check Normal Findings | | Describe Abnormalities |
|---|---|---|---|
| **General** | ☐ Awake ☐ Alert ☐ NAD | ☐ Normal Habitus ☐ Obese | |
| **Psych** | ☐ Orient x 3 ☐ NI MS | ☐ Mood NI ☐ Affect NI | |
| **Eyes** | ☐ Sclera CI ☐ Conj CI | ☐ PERRL ☐ EOMI ☐ NI Optic Disc | |
| **ENT** | ☐ O/P clear ☐ Dent. NI | ☐ TMs nl ☐ Nares Clear | |
| **Neck** | ☐ NI appear ☐ No mass | ☐ No LAD ☐ Non tend ☐ Thyroid NI | |
| **Chest** | ☐ BS nl ☐ No rales<br>☐ No wheeze ☐ No rhonchi | ☐ Work of breathing nl<br>☐ No retractions ☐ NI percussion | |
| **Cardiac** | ☐ RRR ☐ No MGR | ☐ No carotid bruit ☐ No edema | |
| **Abdominal** | ☐ Soft ☐ Non tend | ☐ No HSM ☐ No masses | |
| **MSK** | ☐ Gait nl ☐ Tone nl | ☐ No cyan/club ☐ NI joints | |
| **Neuro** | ☐ NI sensation ☐ RAM nl<br>☐ Strength nl | ☐ CN 2-12 nl ☐ Finger to nose nl<br>☐ DTRs nl ☐ No Babinski | |
| **Skin** | ☐ No lesions ☐ No rash | ☐ NI palpation ☐ No induration | |

## Labs & Diagnostic Tests

Blood gluc:_____

## Assessment/Recommendations:

☐ **I, the attending physician, saw and evaluated this patient. The findings and assessment/plan were discussed and confirmed. I agree with the above documentation with any addendums noted.**

**Attending Signature** _____ **Resident Signature** _____

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