MCG Health, Inc.
Department of Medicine
Inpatient Admission/Consult Progress Note

MEDICINE SERVICE: DATE: TIME: MM/DD/YY Military Time

□ INPATIENT ADMISSION □ CONSULTATION Referring Physician: __________________________

Reason for Consult:

CHIEF COMPLAINT/HPI: Document at least four of the following elements: Location, Severity, Timing, Quality, Duration, Context, Modifying Factor, Associated Signs/Symptoms

☐ Medications

(reviewed and updated in EHR)

PROBLEMS/PAST MEDICAL HISTORY: □ Non-contributory □ Unable to obtain (indicate reason)

(Address ALL Histories)

ALLERGIES: □ NKDA

FAMILY HISTORY: □ Non-contributory □ Unable to obtain (indicate reason)

SOCIAL HISTORY: □ Non-contributory □ Unable to obtain (indicate reason)

Tobacco Yes No
Alcohol Yes No
IVDA Yes No

DOB: EMRN: ACCT #: LOCATION: *

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MULTI-SYSTEM EXAMINATION: Comprehensive exam requires 8+  Elaborate all abnormal findings

<table>
<thead>
<tr>
<th>System / Symptom</th>
<th>Normal</th>
<th>Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System / Symptom</strong></td>
<td><strong>Normal</strong></td>
<td><strong>Complaint</strong></td>
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<tr>
<td>Constitutional</td>
<td></td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Ears/Nose/Mouth/Throat</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Cardiovascular</td>
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<td>Gastrointestinal</td>
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<td>Genitourinary</td>
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<td>Musculoskeletal</td>
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<td>Hematologic</td>
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<td>Endocrine</td>
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<td>Integumentary</td>
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<td>Neurological</td>
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<tr>
<td>Psychiatric</td>
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<tr>
<td>All other systems</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>All other systems non</td>
<td>contributory</td>
<td></td>
</tr>
</tbody>
</table>

**General Appearance / Constitutional**

- Head: Normalocphalic, symmetrical and without deformities
- Abdomen: No tenderness, No distention
- Normal bowel sounds, No masses
- No hepatosplenomegaly

**Ears, Nose, Mouth, Throat**: Normal Limits

- Normal limits conjunctive, lids/EOM
- Normal limits pupils, PERRLA
- Normal limits fundi

**Neck**: Normal limits IVP
- Normal limits thyroid

**Lungs/Thorax Respiratory**

- Normal limits chest wall
- Normal limits percussion and palpation
- Normal limits auscultation

**Cardiovascular/Heart**

- RRR W./O. murmurs; clicks, gallops, rubs or extra heart sounds
- Normal limits carotid pulse; no bruit
- Normal limits peripheral pulses, equal and adequate pulse
- Normal limits peripheral

**Vital Signs**

- Temp: [ ]
- Pulse: [ ]
- BP: [ ]
- RR: [ ]
- WT: [ (Kg) ]
- HT: [ (cm) ]

**Vital Signs**

- Temperature
- Pulse rate
- Blood pressure
- Respiratory rate
- Weight
- Height

**General Appearance / Constitutional**

- Head: No distention
- No tenderness
- Normal bowel sounds
- No masses
- No hepatosplenomegaly

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Data Review: (Laboratory/Radiology/Pathology/Additional Records)

Assessment and Plan: Risk for Morbidity / Mortality:  
(Possible Diagnoses/Treatment options/Additional testing).

☐ Low  ☐ Moderate  ☐ High

Fellow/Resident Signature ___________________________ Pager _______________ Date/Time __________________

Medicine Service: ____________________________________________

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ATTENDING DOCUMENTATION

Teaching Physician Statement:

Physical Exam notable for:

Assessment and Plan:

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Attending Signature           Date                         Time

Medicine Specialty

Counseling and/or Coordination of care in addition to the Evaluation and Management service: (Time:_______)  
(>50% of Total Floor Time: Spent Face-to-face with Patient/Family) Focus of Discussion:

Critical Care: Time  ----------   - 25 (Separately identifiable Evaluation and Management service on procedure day)
TOTAL ATTENDING FLOOR TIME:

Inpatient Initial Visit:    99221  99222  99223
Inpatient Consult:          99251  99252  99253  99254  99255

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