

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

DOB: _____ EMRN: _____
ACCT #: _____
LOCATION: _____
* - - *

DATE: _____ TIME: _____ MEDICINE SERVICE: _____
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
(Address ALL Histories) Unable to obtain (indicate reason)

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



MG Health, Inc.
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DO: _____ EARN: _____
 ACCT. #: _____ LOCATION: _____
 * - - *

REVIEW OF SYSTEMS **unable to obtain (indicate reason)**

System / Symptom	Normal	Complaint
Constitutional		
Eyes		
Ears/Nose/Mouth/Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Hematologic		
Endocrine		
Integumentary		
Neurological		
Psychiatric		
All other systems Negative		
All other systems non contributory		

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

Vital Signs Temp: _____ Pulse: _____ BP: _____ RR: _____ WT: _____ (Kg) HT: _____ (cm)

General Appearance / Constitutional

Head Normalocephalic, symmetrical and without deformities

Abdomen No tenderness, No distention
 Normal bowel sounds No masses
 No hepatosplenomegaly

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

Lymphatics No adenopathy
 Cervical Axillary Inguinal

Ears, Nose, Mouth, Throat Normal Limits

Neck Normal limits JVP
 Normal limits thyroid

Musculoskeletal Normal limits muscle strength, ROM, tone
 Normal Major Joints Normal Tendons Normal gait/
 Upper Extremities - Normal limits ROM, Normal Joints
 Lower Extremities No clubbing, cyanosis, varicosities

Lungs/Thorax Respiratory
 Normal limits chest wall
 Normal limits percussion and palpation
 Normal limits auscultation

Skin No rash or ulcers Normal texture No lesions

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

Neuro Normal limits sensorium Normal limits cranial nerves
 Normal limits cerebellar Normal limits reflexes
 Normal limits motor Normal limits sensory

Psych: Normal limits affect Normal limits orientation
 Normal limits judgment and insight



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

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

Fellow/Resident Signature _____ Pager _____ Date/Time _____

Medicine Service: _____

Rev. 6/15/10; FOD FORM MCG828



PROGNOT

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ATTENDING DOCUMENTATION

Teaching Physician Statement:

Physical Exam notable for:

Assessment and Plan:

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

