

Referring Physician		PCP	Allergies
Reason for consult History of Present Illness <input type="checkbox"/> Patient is Nonverbal. History obtained from _____		<input type="checkbox"/> Allergies reviewed <input type="checkbox"/> No drug allergies <input type="checkbox"/> No food allergies	
www.e-medtools.com			
<input type="checkbox"/> Chronic, progressive dyspnea over >= 1 year <input type="checkbox"/> Chronic cough with or without phlegm production <input type="checkbox"/> History of fever, chills, nightsweats, myalgias, arthralgias <input type="checkbox"/> Fatigue, chronic and progressive over same period as dyspnea <input type="checkbox"/> Increased interstitial markings seen or documented radiographically on >= 2 occasions, 1 month apart and not related to renal or heart failure <input type="checkbox"/> History of medication use NSAIDs, amiodarone, methotrexate, gold, azathioprine, cyclophosphamide, penicillamine, flecainide, mexilitine, nitrofurantoin, diltiazem, isoniazid, tetracycline, sulfa drugs, L-tryptophan, inhaled pentamidine, bleomycin, mitomycin C, chlorambucil			
Review of Systems			Medications
See HPI WNL <input type="checkbox"/> <input type="checkbox"/> Constitutional Fatigue, malaise, fever/chills, weight loss, change in appetite <input type="checkbox"/> <input type="checkbox"/> Eyes Vision changes, New pain, tearing <input type="checkbox"/> <input type="checkbox"/> ENT/mouth Nose bleeds, dental caries, dental abscesses, jaw pain <input type="checkbox"/> <input type="checkbox"/> Resp Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze, Apnea, Excessive daytime sleepiness, Hypnagogic hallucinations, Sx <input type="checkbox"/> <input type="checkbox"/> CV Chest pain, diaphoresis, ankle edema, PND, syncope <input type="checkbox"/> <input type="checkbox"/> GI Emesis, dysphagia, GERD, abdominal pain, diarrhea, melena <input type="checkbox"/> <input type="checkbox"/> GU Change in urinary habits, hematuria, dysuria <input type="checkbox"/> <input type="checkbox"/> Musc Myalgias, recent trauma, bony fractures, arthralgia, joint swelling <input type="checkbox"/> <input type="checkbox"/> Skin/breasts Rashes, nonhealing areas, new masses or skin lesions, increased sensitivity to sun exposure <input type="checkbox"/> <input type="checkbox"/> Neuro New paresthesias, seizures, chronic muscle weakness, episodic weakness associated with strong emotions <input type="checkbox"/> <input type="checkbox"/> Endo Hair loss, polydipsia <input type="checkbox"/> <input type="checkbox"/> Heme/lymph Bleeding gums, unusual bruising, swollen lymph nodes <input type="checkbox"/> <input type="checkbox"/> Allergy/Immune Sinus probs, recurrent infections <input type="checkbox"/> <input type="checkbox"/> Psych Mood changes, agitation, psychosis, delirium, depression			<input type="checkbox"/> Medications reviewed
Past Medical, Surgical and Social History			Family Medical History
<input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral Artery Disease <input type="checkbox"/> Neurovascular weakness <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Occupational exposures <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> COP (aka BOOP) <input type="checkbox"/> Diabetes Type I <input type="checkbox"/> Type II <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> GERD <input type="checkbox"/> Scleroderma <input type="checkbox"/> Histiocytosis <input type="checkbox"/> Hepatic Dysfunction <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Sjogren's <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Malignancy <input type="checkbox"/> Thrombotic Disease <input type="checkbox"/> Wegener's Granulomatosis <input type="checkbox"/> ARDS <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Pulmonary Alveolar Proteinosis <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> Exposure to: <input type="checkbox"/> Restless Legs Syndrome <input type="checkbox"/> Hot tub, Sauna, Jacuzzi, Humidifier <input type="checkbox"/> Chemicals <input type="checkbox"/> <input type="checkbox"/> Pressure washings <input type="checkbox"/> Organic or inorganic dusts <input type="checkbox"/> <input type="checkbox"/> Pets or feathers <input type="checkbox"/> Fires			<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> ECHO/Stress Test <input type="checkbox"/> Mammogram <input type="checkbox"/> PFTs <input type="checkbox"/> PapSmear <input type="checkbox"/> Prior Intubations <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Sleep Study <input type="checkbox"/> Steroid use
<input type="checkbox"/> Tobacco ___ Packs x ___ Yrs <input type="checkbox"/> Quit <input type="checkbox"/> Recreational drug use, especially amphetamines, opiates or cocaine <input type="checkbox"/> Alcohol ___ Drinks per day		Surgeries <input type="checkbox"/> Denies surgical history	
Occupations and Hobbies		Travel history	
History of exposure to Inorganic dusts i.e., quarries, sandblasting, cement, stone carving, welding, plumbing, shipyard work, firefighter Organic dusts i.e., farming, building inspection, woodworking, remodeling, handling vegetable matter or animals Noxious fumes i.e., spray painting, autobody work, working with dyes or glues, manufacturing plastic			
			Vaccines <input type="checkbox"/> Flu <input type="checkbox"/> Pneumo <input type="checkbox"/> BCG <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Varicella

Exam	<input type="checkbox"/> Checked box indicates findings are within normal limits			
T	*General	<input type="checkbox"/> Alert	www.e-medtools.com	
P	*ENT	<input type="checkbox"/> Nasal mucosa <input type="checkbox"/> Dentition <input type="checkbox"/> Oropharynx Mallampati <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
R	*Neck	<input type="checkbox"/> Normal to palpation <input type="checkbox"/> Thyroid <input type="checkbox"/> No JVD		
BP	*Resp	<input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Clear to percussion <input type="checkbox"/> No respiratory distress <input type="checkbox"/> No chest wall defects		
Wt	*CV	<input type="checkbox"/> Clear S1 S2 <input type="checkbox"/> No murmur <input type="checkbox"/> No gallop <input type="checkbox"/> No rub <input type="checkbox"/> Periph pulses <input type="checkbox"/> No peripheral edema		
Sats	*GI	<input type="checkbox"/> No palpable masses <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> No hepatojugular reflux		
	Lymph	<input type="checkbox"/> No lymphadenopathy	www.e-medtools.com	
	Musc	<input type="checkbox"/> Tone <input type="checkbox"/> Gait		
	Extrem	<input type="checkbox"/> No clubbing <input type="checkbox"/> No cyanosis		
	Skin	<input type="checkbox"/> No rashes, ecchymoses, nodules, ulcers		
	Neuro	<input type="checkbox"/> Oriented <input type="checkbox"/> Affect		

Labs/Tests Impression/Plan

DDx of interstitial lung disease includes, but is not limited to, Hypersensitivity Pneumonitis, Asbestosis, Silicosis, Coal Worker's Pneumoconiosis, Farmer's Lung, Pneumoconiosis, Silicosiderosis, Talcosis, Berylliosis, Hard-metal disease, Sarcoidosis, Sjogren's, Rheumatoid Lung, Cryptogenic Organizing Pneumonia, Carcinomatosis, Lymphangitic spread of malignancy, Nonspecific interstitial pneumonitis, Squamous Interstitial Pneumonitis, Cryptogenic Organizing Pneumonia, Post-fibrotic phase of ARDS, Radiation-induced lung disease, Idiopathic pulmonary fibrosis, Sarcoidosis, Eosinophilic lung disease, Cardiac pulmonary edema, Tuberculous sclerosis, Infection, Idiopathic pulmonary fibrosis



This pt may benefit from

- Pulmonary Function Testing
- Chest CT
- ECHO
- CXR
- Six Minute Walk Test
- Cardiopulmonary Stress Test
- Pneumococcal vaccine
- Influenza vaccine
- PPD Testing
- Sputum cultures
- Pulmonary Rehabilitation
- Smoking cessation aids
- Labs

Signature/Date:
Code Status Full code Do Not Attempt Resuscitation

Data Reviewed: ER Notes Old Chart Nursing Notes & Vitals log Labs Radiology data ECHO ECG Stress Test PFT Diabetic log
Coordination of care: Discuss w/ER MD Discuss w/HCP/PA Discuss w/PCP Case Mgmt or SW Pharmacy Nutrition team Physical therapy Respiratory therapy Nursing