

Pulmonary Follow Up Evaluation

Patient Name

Patient DOB

MRN

Date	Chief complaint/Reason for consult	Referring MD
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Start Time	Stop time	
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Data Reviewed	History of Present Illness
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- Allergy list
- Medication list
- Past Medical History
- Past Surgical History
- Social History
- Family Medical History
- Patient's Blood Pressure log
- Recent labs and diagnostic tests

- Tobacco use
- Dyspnea
- Cough
- Sputum
- Hemoptysis
- Edema
- Excessive Daytime Sleepiness

Review of Systems	Physical Exam
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- = Patient denies problems
- Constitutional
 - Weight changes
 - Fatigue
 - Fever
- Eyes
 - Vision changes
 - Pain
- ENT/mouth
 - Ulcers
 - Tooth pain
 - Nose bleeds
- Resp
 - See HPI
- CV
 - Chest pain
 - Exercise intolerance
 - Diaphoresis
 - Paroxysmal nocturnal dyspnea
- GI
 - Nausea
 - Vomiting
 - Diarrhea
 - Abdominal pain after eating
- GU
 - Dysuria
 - Polyuria
 - Erectile dysfunction
- Musc
 - Myalgias
 - Bony pain
 - Claudication
- Skin/breasts
 - Sores, ulcers
 - Dry, cracked skin
- Neuro
 - Numbness
 - Paresthesias
 - Focal weakness
- Endo
 - Hypoglycemia
 - Tremors
- Heme/lymph
 - Easy bruising
 - Swollen lymph nodes
- Allergy/Immun
 - Sinus pain
 - Nasal discharge
- Psych
 - Depression
 - Anxiety
 - Hallucinations

NonInvasive Ventilator (CPAP, BiPAP) Settings

General	Alert	Vitals	T	P	R	BP	Sats	%
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
Neck	<input type="checkbox"/> Normal to palpation	<input type="checkbox"/> Thyroid	<input type="checkbox"/> No JVD					
Resp	<input type="checkbox"/> Clear to auscultation	<input type="checkbox"/> Dullness to percussion	<input type="checkbox"/> No respiratory distress					
	<input type="checkbox"/> No chest wall defects	<input type="checkbox"/> Decreased fremitus	<input type="checkbox"/> Bronchial breath sounds					
	<input type="checkbox"/> Absence of intercostal respiratory retractions	<input type="checkbox"/> Egophony (E to A change)						
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"/> Peripheral pulses	<input type="checkbox"/> No peripheral edema		
GI	<input type="checkbox"/> No palpable masses	<input type="checkbox"/> Liver and spleen not palpable	<input type="checkbox"/> No hepatojugular reflux					
Lymph	<input type="checkbox"/> No lymphadenopathy							
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	★ 58 (pts with Community Acquired Bacterial Pneumonia)		<input type="checkbox"/> Affect				
Additional Findings								

Follow up	Impression & Plan
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- This clinic
- Primary Care
- Ophthalmology
- Cardiology
- Other

Patient has completed advanced health care directives ★47 HCPOA is

Code Status Patient is a FULL CODE DO NOT ATTEMPT RESUSCITATION

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Signature
CC

Labs Urinalysis CBC PT, PTT, INR BMP LFTs BNP EKG ECHO TSH CT chest Other

Therapy Albuterol MDI/Neb Inhaled corticosteroids Oral steroids Long-acting beta agonist Intranasal steroids Other