

Endocrinology Follow Up Note Drs Arias, Biggs, Brantley, Dodson, Usala



Patient Name _____ Age: _____ Date: ____/____/____
 BP ____/____ Pulse _____ Height _____ Weight _____ bG _____ HbA1c _____

Med Sheet Reviewed: BG _____ - _____ - _____ - _____
 Hypoglycemia: _____ Insulin _____ - _____ - _____ - _____
 Steroids _____ TPN running
 IV insulin Protocol : Intensive Floor

C/O: _____
 HPI: _____ Visit Current pain: no yes Severity of Pain: 0 1 2 3 4 5 6 7 8 9 10 (Circle)
 Diet: _____

_____ BG Sheet reviewed :
 _____ BG: _____ Insulin _____
 _____ Insulin _____
 _____ Insulin _____
 _____ Menses: _____

PFSH: See History/Consult Form in chart dated: ____/____/____
 Social History: No change Tobacco? Yes No ETOH? Yes No Drugs? Yes No _____
 Family History: No Change _____
 Medical History: No Change _____

ROS: Constitutional ENT Cardiovascular Respiratory GI Musculoskeletal Skin/Breast 1.0
 Neuro Psych Endocrine Hematologic GU Allergic/Immunologic Eyes/Head
 ✓ = normal X = abnormal other than stated in HPI - explanation _____

OBJECTIVE

✓ = examined & normal X = abnormal w/ explanation

		Density	T score	Z score
General/Skin		DEXA: ____ fem neck		
Lymph nodes		L ____ - ____		
Neck (thyroid)		Ultrasound Report: R		
Eyes	EOMI PEB Fundi: VF: Hertel:	L		
ENT		Nodules:		
C/V	Murmur _____ Rub _____ ES _____	Bx with US guidance:		
Abdo	Hepar: Spleen: Tenderness:			
Respiratory	Rales: Rhonchi:			
Chest	Kyphosis: Breasts:			
Back	Deformity: Tenderness:			
Genitalia	Phallus: Testes: Prostate:			
Neurologic	Soft Touch: R ____ L ____ Vib: R ____ L ____ AJ's R ____ L ____	Hangup: Chvostek's:		
Psych	Depression signs:			
Extremities / lower	Pulses: R DP ____ PT ____ L DP ____ PT ____	Cyanosis Clubbing Edema Ulceration Lesions		
Extremities / upper				
Labs:	FT4: TSH: Chol: Trig: LDL: HDL: PTH: Ca: Phos: Creat: Micral:			

ASSESSMENT

PLAN AND RECOMMENDATIONS

1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 Pt advised of proper dosage, precautions, and potential complication of med prescribed : _____
 Pt given counseled or given educational material on _____
 Pt advised RTO _____ weeks / months with labs prior to next visit _____
 Pt given copy of note for Dr. _____
 Time spent with patient _____ estimated counseling time _____ Signed : _____ consult

<input type="checkbox"/> 99231 Level 1 Hosp Visit	HPI=1 PE=1 MDM=Low	15min	<input type="checkbox"/> 99221 Level 1 Admit	HPI=1 ROS=2 PFSH=1 PE=7 MDM=L	30 min
<input type="checkbox"/> 99232 Level 2 Hosp Visit	HPI=1 ROS= 1 PE=2 MDM=Mod	25 min	<input type="checkbox"/> 99222 Level 2 Admit	HPI=4 ROS=4 ROS=10 PFSH=3 PE=8 MDM=M	50 min
<input type="checkbox"/> 99233 Level 3 Hosp Visit	HPI=1 ROS= 2 PFSH=1 PE=2 MDM=Hi	35 min	<input type="checkbox"/> 99223 Level 3 Admit	HPI=4 ROS=4 ROS=10 PFSH=3 PE=8 MDM=H	70 min
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Dodson 358-8331 236-9691(M) Usala 358-8437 683-5560(M) WEEKEND ENDO DOCTOR WILL BE: _____					