

Palliative Care Consult Service

SMH 1557 MR

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MR#:

DOB:

PMH

Medications:

PALLIATIVE Medications

OTHER Medications

1	1	10
2	2	11
3	3	12
4	4	13
5	5	14
6	6	15
7	7	16
8	8	17
9	9	18

Psychosocial History:

Family History:

Review of Systems:

See page 1 for PC Review of Systems. All other systems reviewed are negative: Yes No

Physical Examination:

BP: _____ **T:** _____ **Pulse:** _____ **RR:** _____ **O₂sat:** _____

General Appearance: Awake and Alert _____

Check if normal:

HEENT <input type="checkbox"/>	Cardiovascular <input type="checkbox"/>	GU <input type="checkbox"/>	Hema/Lymph. <input type="checkbox"/>
Neck <input type="checkbox"/>	Pulmonary <input type="checkbox"/>	Skin <input type="checkbox"/>	Neurologic <input type="checkbox"/>
Breasts <input type="checkbox"/>	GI/Abdomen <input type="checkbox"/>	Musculoskeletal <input type="checkbox"/>	Psychiatric <input type="checkbox"/>

**Palliative Care Consult Service
ATTENDING CONSULTANT'S SUMMARY
SMH 1557 MR**

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MR#:

DOB:

Patient seen and examined. I agree with the 1557MR database assessment and plan as recorded except as follows:
(Complete all * areas for patients seen by NP or medical student)

Consult Date: _____ **Time:** _____

*** Reason for Consult:**

*** HPI:**

Please see Palliative Care Database Form SMH 1557 MR for past medical history, psychosocial and family history, palliative care review of systems, performance status, medications, current treatments and lab results.

*** Physical Examination:**

BP: _____ T: _____ Pulse: _____ RR: _____ O₂ sat: _____

Check if normal:

HEENT _____	Pulmonary _____	GI/Abdomen _____	Skin _____
Neck _____	Cardiovascular _____	GU _____	Neurologic _____
Hema/Lymph _____		Musculoskeletal _____	Psychiatric _____

Abnormalities:

*** Attending Assessment Summary:**

*** Attending Recommendations:**

(1)

(2)

(3)

(4)

(5)

TOTAL time spent _____ **minutes.** Check if > 50% of time was spent in counseling and/or coordination of care.

SIGNATURE:

Attending _____ **Signature** _____ **Date** _____

Please print

Signature

Date