

**SUPPORTIVE CARE MEDICINE
INITIAL CONSULTATION**

Date of Service: @TD@

To contact us, call (310) 423-9520

Referring MD: ***

Reason for Referral: ***

History obtained from: ***

ASSESSMENT / PLAN

The patient is a @AGE@ @SEX@ with a history of ***

Symptom Management:

- 1.
- 2.
- 3.

Bowel Regimen:

Psychosocial Assessment and Dynamics:

DPOA or surrogate decision maker: ***

Is the patient interested in a Spiritual Care Consult? {YES /NO:22450}

Goals of Care:

Code Status: {ispcodestatus:23429}

POLST Completed? Y/N ***

Thank you for allowing us to participate in the care of your patient.

I plan on seeing this patient *** times/week, with my next visit being ***.

HISTORY OF PRESENT ILLNESS

ADVANCE CARE PLANNING

SYMPTOM ASSESSMENT

I. Pain:

- Current pain regimen: ***
- Location: ***
- Radiation: ***
- Intensity (1-10): ***
- Quality: ***
- Temporal pattern: ***

2. Active Mood or Emotional issues:

3. GI symptoms (nausea, constipation):

4. Dyspnea:

PAST MEDICAL HISTORY

@PMH@

@FAMHX@

@SURGICALHX@

Psychosocial and Spiritual Hx:

Social History: ***

Religion: ***

@ALLERGY@

Medications:

@CMED@

@PTAMEDS@

Review of System:

See HPI for pertinent positives and negatives, all other systems reviewed and negative. ***

OBJECTIVE DATA

LAST VITALS: @FLOW(6:last)@, @FLOW(5:last)@, @FLOW(8:last)@
@FLOW(9:last)@, @FLOW(10:last)@ on @FLOW(301030)@
@FLOW(3040140688)@

24 HOUR VITALS:

@FLOWSTAT(6:24::1)@
@FLOWSTAT(5,8,9,10:24::1)@

@RRIOYESTERDAY@

Physical Examination:

Level of Consciousness:

GEN: AAOx4

HEENT: PERRLA, EOMI, MMM

NECK: supple, no JVD

PULM: clear to auscultation bilaterally

CARDIAC: regular rate and rhythm, no murmurs, rubs, or gallops

ABD: soft, non-tender, non-distended. Normal bowel sounds. No palpable organomegaly

EXT: no clubbing, cyanosis, or edema

SKIN: warm, well-perfused

NEURO: cranial nerves intact, no focal weakness, light touch sensation symmetric

Functional Status:

ECOG = ***

PPS = ***

Labs:

CBC: . @LASTCBC@

CMP: @LASTCMP@

Total time spent on this consultation: *** minutes, with more than 50% time spent counseling patient and family and coordinating care, including ***

Thank you for allowing us to participate in this patient's care.

The Supportive Care Medicine Team can be reached at Ext: 3-9520

Signed: @ME@ @TD@ @NOW@