

Palliative Care Outpatient Consult

Date of Service:

Requesting Physician: ***

Reason for Consult: {Reason for Consult- PC:19907}

History of Present Illness:

Psychosocial evaluation/ family systems:

Patient Goals of Care:

Pertinent symptoms:

Review of systems:

10 point ROS performed, see HPI for pertinent details

Social History:

Spiritual/ Cultural History:

Religious or spiritual affiliation: {RELIGION/SPIRITUAL:17029}
{SPIRITUAL HISTORY - PALLIATIVE CARE CC:51373112}

Allergies:

Medications:

reviewed meds, pertinents as below:

Past Medical:

I have personally reviewed the PMHx and SHx as below***

Family History:

I have personally reviewed the family history as below:

Physical Exam:

{PE PALLIATIVE CARE CC:50093112}

Delirium: {YES NO UNSURE:50343112}

Capacity for Decision-making: {YES NO UNSURE:50343112}

Performance scale:

Data Review:

Advanced directives: ***

Laboratory:

I personally reviewed the patient's labs and relevant results include:

Imaging:

I personally reviewed the patient's relevant imaging and results include:

Impression/Recommendations:

Counseling:

I spent a total of *** minutes caring for patient, of which >50% of minutes were spent in counseling and coordination of care. *** were spent face to face.