

NEUROLOGY INPATIENT CONSULTATION

(Please place in the consultation section of chart)

- _____, MD, PhD _____, MD
- _____, MD, PhD _____, MD, PhD
- _____, MD _____

Date: _____ Time: _____

Reason for consult: _____ Requested by: _____

HPI:

PMH:

Allergies: NKDA

Meds:

Family Hx and Social Hx: Father: _____ Mother: _____
Smoking _____ Alcohol _____ Illicit Drugs _____

ROS:

- Cardiovascular/ Respiratory: CP, SOB, PND, palpitations Cough hemoptysis, wheezing
- Const: lack of energy, weight gain, weight loss, fevers, sweats, chills, dizziness
- Ears: Tinnitus, hearing loss, poor hearing, vertigo
- Endo: diabetes, heat/cold intolerance, thirst
- Skin: rash pruritis, purpura
- Eyes: Visual loss (L or R), double vision, blurry vision, redness, itching, pain, spots
- GI: Nausea, vomiting, blood or black stools, dyspepsia, ulcers, constipation
- GU: Incontinence, hesitancy, dribbling, change in libido, sexual dysfunction
- Musculoskeletal: Joint pain, muscle pain
- Neuro: Weak, numb, seizures, poor memory, trouble walking, tremor, headaches
- Psychiatric: sad mood, hallucinations, suicidal ideation, anxiety
- Other: _____

BP: _____ HR: _____ RR: _____ Weight: _____ Temp: _____ O2 sat _____

- Pleasant, in no acute distress Obese No dry mouth
- NC/AT Conjunctiva, sclera clear No sinus tenderness No palpable cervical nodes
- RRR, no murmur No carotid bruit No ankle edema Lungs CTA No HSM

Pertinent positives:

Neurological exam: Mental Status: Normal: orientated to time, person, and place, good recent and long-term memory, normal language, attention and concentration, and adequate fund of knowledge. MMSE: _____ Items above performed normal except:

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Cranial nerves: Intact: VFFT, PERRL, optic discs sharp, EOMI, Facial sensation and expression symmetric, VOR intact, hearing within normal limits for age, palate midline, normal gag/cough, shoulder shrug strong, tongue midline
 Items above performed normal except:

Motor: Normal bulk and tone throughout. No weakness in UE/LE bilaterally No drift/orbit Items above normal except:

SAb, EF, EE, WF, WE, FE, Grip HF, LAd, KF, KE, DF, PF

Left

Right

Reflexes:

Bloodwork

Sensory: Proprioception, vibration sensation, and temp/PP sensation WNL.
 Items above normal except:

Coordination and gait: No dysmetria or ataxia; normal gait Negative Romberg Items above normal except:

Pertinent data: I personally viewed the imaging studies and reviewed the lab results. CT/ MRI

IMPRESSION: See dictated consult.

PLAN:

DATE	TIME (24hrs)	RESIDENT SIGNATURE	BEEPER & PAS #
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Further history was obtained from _____ Patient was seen with house officer, Dr. _____
 I reviewed his/her note and agree with the assessment and plan. I personally obtained the history, performed the exam, and made recommendations for the management and care of this patient
 I spent _____ minutes counseling the patient/family in discussion with other physicians

DATE	TIME (24hrs)	ATTENDING PHYSICIAN SIGNATURE	BEEPER & PAS #
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KEY: SAb = Shoulder Abduction WF = Wrist Flexion LAd = Leg Abduction AF = Ankle Dorsiflexion
 EF = Elbow Flexion FE = Finger Extension KF = Knee Flexion PF = Ankle Plantar Flexion
 EE = Elbow Extension HF = Hip Flexion KE = Knee Extension