

\*\*NOTE: The sample note templates below use fake patient data. This is how the note template would appear when a medical student first opens a new note. All text in red ink below is “help text” and disappears when the student signs the note and therefore is not part of the medical record.

## Appendix A. Admission Note

### MEDICAL STUDENT TEMPLATE FOR EDUCATIONAL USE ONLY Admission Note - General Medicine Service

#### HPI

{Tip | This should include

- A detailed HPI with pertinent positive and negatives from ROS
- A brief description of what occurred in the ED {48850}

Bastille Gemstones is a 54 year old female with \*\*\* presenting with \*\*\*

**History** [Link to Histories](#), [Link to Prob List](#) {48850}

{Tip | Include only pertinent medical history {48850}

**Information and History obtained from:** {MDMIPHistory:60713}

Patient Active Problem List:

Hyperlipemia  
 Cardiomyopathy  
 CAD (coronary artery disease) (HCC)  
 HTN (hypertension) (HCC)  
 Asthma  
 Patellar tendinitis  
 CHF (congestive heart failure) (HCC)  
 Red eye; left  
 Blurry vision, bilateral  
 HTN (hypertension) (HCC)  
 Pneumonia  
 Septic hip (HCC)  
 Hematuria

No past medical history on file.No past surgical history on file.

**Medications:** [Link to MAR Report](#): {48850}

{Tip | Include only pertinent home medications {48850}

#### Home Prior To Admission Medications

Medication	Sig
• sumatriptan (IMITREX) 100 MG TABS	1 TABLET 1 TIME ONLY
• albuterol HFA (VENTOLIN HFA) 108 (90 BASE) MCG/ACT AERS	Inhale 2 puffs every 4-6 hours as needed
• budesonide AQ (RHINOCORT AQUA) 32 MCG/ACT SUSP	2 sprays in each nostril once daily
• doxycycline (VIBRAMYCIN) 100 MG CAPS	Take 1 capsule 2 times daily for acne

**Allergies:** [Link to Allergies](#) {48850}

**Allergies**

Allergen	Reactions
• Sulfa Drugs	RASH

**Family History:** [Link to Histories](#) 48850}

**Family History**

Problem	Relation	Age of Onset
• CHD/CAD/MI	Father	
• CHD/CAD/MI	Mother	
• CHD/CAD/MI	Brother	

**Social History:** [Link to Histories](#) 48850}

Tobacco Use: \*\*\*

Alcohol Use: \*\*\*

Substance: \*\*\*

Living Situation: \*\*\*

**Physical Exam**

{General Medicine Physical Exam:3051236}

**Review of Data** [Link to Labs/Cultures](#), [Link to Imaging](#) 48850}

BP 120/73 | Pulse 90 | Temp 36.6 °C (97.9 °F) (Oral) | Resp 20 | Wt 81.6 kg (180 lb) | BMI 24.41 kg/m<sup>2</sup>

{Tip | Rather than simply copying all labs from admission, only include pertinent information and your interpretation. For imaging performed prior to admission, you can either include your interpretation or document the radiologist's interpretation. 48850}

Recent labs, cultures, procedures, and imaging studies were reviewed and notable for:\*\*\*

**Assessment & Plan**

{Tip | Your Impression/Assessment should include

- Pertinent PMH and main complaint
- Differential diagnoses, including the most likely diagnosis
- A 1-2 sentence summary of condition of patient, clinical trajectory, and summary of plan

48850}

Bastille Gemstones is a 54 year old female with \*\*\* presenting with \*\*\*

{Tip | Document your plan in a Problem List Format

- Separate the active problems/diagnoses with the most concerning problems first
- Under each problem, include your decision-making regarding this problem, including arguments surrounding your differential diagnosis
- In a bulleted list, document the diagnostic and management steps you are making

today for this problem :48850}

\*\*\*

**Chronic Conditions:**

{Tip | Use the section below to list stable chronic diagnoses your patient has which do not require a discussion in the A&P 48850}

\*\*\*

**Prophylaxis:**

- VTE: {VTE Proph:48884}

[Open the Patient Safety Checklist](#)

Do not delete this help text. It will disappear when the note is signed 48850}

**Code Status:** \*\*\*, discussed with \*\*\* on admission.

**Disposition:**

Patient with \*\*\* in need of \*\*\* likely requiring {DFMLOS:48880}

**Attestation**

The patient {was/will be:3050542} discussed with the attending.

**Contact Information**

\*\*\*

**General Medicine Service**

**Appendix B. (Progress Note)****MEDICAL STUDENT TEMPLATE FOR EDUCATIONAL USE ONLY****Progress Note - General Medicine Service****Interval History**

{Tip | This should include

- Pertinent acute complaints, and pertinent positive/negative ROS from your interview this AM
- Documentation of acute events that have occurred since you wrote your last note (~last 24 hours) 48850}

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**Physical Exam**

{Tip | Only include exam data that you performed today (i.e. if you didn't listen for bowel sounds, delete "bowel sounds presents", even if you listened yesterday). Avoid simplifying exam (i.e. don't say "no focal neuro deficit", instead include what part of the neuro exam you performed) 48850}

{General Medicine Physical Exam:3051236}

**Review of Data** [Link to Labs/Cultures](#), [Link to Imaging](#) 48850}

BP 120/73 | Pulse 90 | Temp 36.6 °C (97.9 °F) (Oral) | Resp 20 | Wt 81.6 kg (180 lb) | BMI 24.41 kg/m<sup>2</sup>

Recent labs, cultures, procedures, and imaging studies were reviewed.

{Tip | Rather than simply copying all labs from the last 24 hours, only include pertinent information and your interpretation. This may also include trending labs values (i.e. Hemoglobin level over the last 72 hours in those with acute anemia). For imaging performed over the last 24 hours, you can either include your interpretation or document the radiologist's interpretation 48850}

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{Tip | Please make sure your Impression/Assessment is updated DAILY and should include

- Pertinent PMH and main complaint
- If you are still unsure of diagnosis, include NARROWED differential diagnosis. If diagnosis is now clear, please remove differential diagnosis and clearly state your diagnosis
- A 1-2 sentence summary of condition of patient, clinical trajectory, and summary of plan 48850}

**Assessment & Plan**

{Tip | Document your plan in a Problem List Format

- Each day, arrange your problems with the most concerning problems first. If a problem has resolved, document this and place it at the bottom of the problem list
- Under each problem, include your decision-making regarding this problem.
- In a bulleted list, document the diagnostic and management steps you are making

today for this problem :48850}

\*\*\*

**VTE Prophylaxis/Anticoagulation:**

{VTE Prophylaxis:3048884}

[Open the Patient Safety Checklist](#)

Do not delete this help text. It will disappear when the note is signed:48850}

**Code Status:** No CPR, discussed with \*\*\* on admission.

{Code Status Reviewed:3033207}

**Disposition:**

{Ready for discharge?:3049430::"Patient is medically ready for discharge", "Patient is medically ready for discharge and awaiting placement"}

**Attestation**

The history, exam, assessment, and plan was discussed with the attending.

**Contact Information**

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General Medicine Service