When Dr. Klipstein evaluates an H&P, he will consider the following issues:

| History of Present Illness | • Includes a chief complaint  
|                           | • Appropriate dimensions of cardinal symptom are listed (including location, severity, quality, setting, chronology, aggravating/alleviating, associated manifestations)  
|                           | • Chronological story begins at baseline state of health  
|                           | • Incorporates elements of PMH, FH, SH that are relevant to story (e.g. includes risk factors for CAD for patient with chest pain)  
|                           | • ROS questions pertinent to chief complaint are included in HPI (not in ROS section)  
|                           | • HPI reflects knowledge of differential diagnosis  
|                           | • HPI narrative flows smoothly, in a logical fashion |

| Past Medical History | • Includes sufficient detail (onset, complications, and therapy) for key diagnoses (e.g., Type 2 DM, on pills since 1995, mild neuropathy, no known retinopathy/nephropathy) |

| Medications | • Includes dose, route and frequency for each medication  
|            | • Includes over the counter and herbal remedies |

| Allergies | • Includes nature of adverse reaction |

| Review of Systems | • Most systems are evaluated (e.g. Constitutional, HEENT, Respiratory, Cardiovasc, GI, GU, Neuro, Psych, Endocrine, Musculoskeletal, Hematologic/ Lymph, Skin)  
|                   | • Does not include PMH (ex. Cataracts or heart murmur belong in PMH, not ROS)  
|                   | • Does not repeat information already in HPI  
|                   | • Adequate depth (e.g. GI: no abdominal pain, bloating, nausea, vomiting, melena, hematochezia, change in color, caliber, consistency or frequency of stool) |

| Social History | • Occupation, marital status  
|               | • Tobacco, EtOH, and substance abuse  
|               | • Functional status, living situation |

| Family History | • State of health of parents, siblings, children  
|               | • Extended family occurrence of CAD, DM, HTN and cancer  
|               | • Age at diagnosis of important diseases, especially if premature onset (e.g. CAD in brother age 37, colon cancer in father age 42) |

| Physical Examination | • Includes areas relevant to the chief complaint (e.g. for patient with cirrhosis includes presence/absence of stigmata of liver disease, for patient with CHF in differential diagnosis includes presence/absence of JVD, crackles, murmur, gallops, liver size, edema, etc)  
|                      | • Does not include assessments/interpretations in PE section (e.g. describes “8x10cm oval area of warm, erythematous skin on medial aspect of left thigh” instead of “cellulitis on medial aspect of left thigh”) |
### Physical Examination, continued

- Includes general description
- Includes vital signs (including O2 sats, orthostatics, and pain level when appropriate)
- Includes skin examination
- Includes lymph node survey (not limited to neck nodes only)
- Includes thyroid examination
- Respiratory includes more than “clear to auscultation”
- Cardiovascular includes assessment of neck veins, and distal pulses
- Abdominal examination includes measured liver span
- Includes rectal exam (or reasonable statement as to why not performed)
- Neurologic examination includes mental status, cranial nerves, strength, sensation, cerebellar function, and reflexes

### Laboratory and Other Studies

- Includes lab data appropriate for HPI
- Lab data adequately reported (e.g. includes intervals on EKG for patient with syncope)

### Problem List

- Includes all active medical problems
- Includes significant abnormalities in physical examination and laboratory studies
- Includes health maintenance/screening issues when appropriate

### Discussion/Assessment And Plans

- Includes sentence summarizing key history, PE and laboratory data
- Discussion is specific to the patient, not a summary of textbook or review article
- Adequate differential diagnosis reviewed for major problems
- Evaluation/diagnostic strategy proposed (or reviewed if already performed)
- Management strategy discussed
- Reflects an understanding of the pathophysiology of the patient’s illness

### Style

- Legible
- Not laden with spelling or grammatical errors
- Uses medical abbreviations appropriately, does not coin own abbreviations

### Comments: