

**MEDICAL ADMISSION NOTE
TUCT (TRANSITION & URGENT CARE TEAM)**

Patient Name: _____ Date of Birth: _____

Chief Complaint: _____

HPI _____

Past Medical History

Past Surgical History

Past Family/Social History

Tob ETOH Drugs

Meds:

Verified in EMAR

Allergies:

Pulse: _____ BP: _____ / _____ Resp: _____ Pulse-Ox: _____ Temp: _____

REVIEW OF SYSTEMS - Check box for present symptoms

- CONST:** Fever Chills Fatigue Weight Change
EYES: Itching Burning Vision change Discharge
ENT: Sore Throat Hoarse Nosebleed Ear Pain
 Congestion Drainage nasal
RESP: SOB Cough Sputum Wheeze
CARD: Chest Pain Palpitations Edema DOE
GI: Abdominal Pain N V Heartburn Dysphagia
 Constipation Diarrhea Blood/tarry stool
GU: Frequency Burning Itching Discharge
MS: Pain/Stiff/Swelling: _____ Back _____ Neck _____ Joint
H-L: Bleeding Bruising Enlarged Nodes
ENDO: Thirst Cold/heat intolerance Night sweats
SKIN: Skin rash Lesions Ulcers
PSYCH: Depression Anxiety Sleep problems
NEURO: Headache Numbness Tingling Dizziness
IMM: Allergy Rhinorrhea Sneezing Asthma
 All other symptoms Negative

Assessment: _____

PHYSICAL EXAMINATION - Check box for normal findings

- CONST:** Well developed, well nourished No acute distress
EYES: PERRL Sclera clear and white No petechiae or jaundice
ENT: Tympanic membranes External auditory canals
 Nasal mucosa and turbinates pink, septum midline No polyps
 Gums pink Oral mucosa pink and moist Gag reflex present
 Oral pharynx
NECK: Supple No Thyromegaly No JVD No bruits
LYMPH: No lymphadenopathy: Neck Axilla Groin
RESP: Clear to auscultation bilaterally Respiration non-labored
 No dullness or hyper resonance
CARD: RRR No Murmurs, rubs or gallops
ABDOMEN: Soft and non-tender No palpable organomegaly +BS
MUSCULO: No atrophy or weakness Joints intact Normal gait
EXTREMITIES: No clubbing or cyanosis No edema
SKIN: No rashes, lesions or ulcers Warm and dry, normal turgor
NEURO/PSYCH: A&O x3 Normal mood Symmetric DTR's
GU-Male: Testicular exam Penis exam
 Prostate exam Rectal exam
GU-Female: Ext. genitalia and vagina Cervix Uterus Adnexal
BREAST: No masses, nodes or tenderness No dimpling or discharge

Plan: _____

Time: _____ Date: _____ Signature: _____

