

## Format of Dictated Consult Notes

Patient Identification

Physician Requesting Consult

Date of consultation:

Reason for Consultation:

Impressions:

Recommendations:

### H&P

History of Present Illness, allergies

Present Illness Past History Family Medical History/Social History  
(do not use the words "noncontributory")

Review of Systems

Physical Examination including Vital Signs

Neurological Examination including delirium and falls evaluation

Review of Lab and X-ray Results

Brief Concluding Statement indicating that the consult was discussed with the attending and thanking the referring physician for the referral. Must include the following:

*The patient is being seen in consult for \_\_\_\_\_ conditions at the request of \_\_\_\_\_ doctor and that (after your examination and work-up) the plan of care should include \_\_\_\_\_ in the future.*

## Format of Letters Dictated to Referring Physicians

Date of Dictation

Patient Name

Patient Date of Birth

Dear Dr. \_\_\_\_\_:

I had the pleasure of participating in the care of your patient, (patient name) [on (date of outpatient evaluation) *or* while hospitalized at (hospital name) (dates of inpatient hospitalization)]. We were asked to see (Mr./Ms. Patient name) for (reason for assessment). Our impressions were (list of diagnoses from highest priority to lowest priority).

(Mr./Ms. Patient name) presented with (brief presenting history – five to six sentences at most). (His/her) physical examination at that time was significant for (significant exam findings).

(If hospitalized – “Your patient’s hospital stay was (detail events of hospital stay – keep concise and succinct).)

Delineated pertinent laboratory studies and radiological procedures.

Mr./Ms. (Patient’s name) medications were (list of medications with doses and dosing intervals.)

Our recommendations for Mr./Ms/ (Patient name) are

Thank you for the opportunity to assist in the care of your patient. If you have any questions, please feel free to contact us at (217) 545-4234.

Sincerely,

Resident’s Name    Attending’s Name

PGY (Year)    Title