



JOHNS HOPKINS M E D I C I N E

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

General Internal Medicine Consult Service
Initial Consultation

Addressograph

2-Hole 1/4 2 3/4 -3-Hole 1/4 4 1/4

Requesting Physician:

PCP:

Date:

Requesting Service:

Time:

Primary Question:

Allergies:

HPI:

Medications:

PMHx: Obtained from: Review of records Patient Family Physician

SHx:

FmHx: M: _____
Non-contributory

F: _____

Siblings: _____

Children: _____

ROS:

Constitutional:

Cardiac:

Pulmonary:

GI:

GU:

Heme/lymph:

Endocrine:

Musculoskeletal:

Allergy/Immunology:

Skin:

Neuro:

Psych:

All other reviews of systems are negative

Unable to obtain history due to _____

Consultant's Name: _____ Signature: _____

Physician Number: _____ Pager: _____



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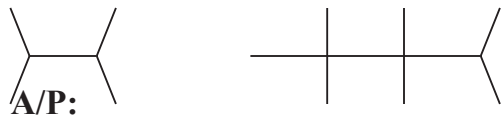
PE: **Temperature:** **Pulse:** **RR:** **BP:**
Weight: **kg/lbs** **SaO₂** **FiO₂**

- Constitutional:**
- HEENT:**
- Neck and Chest:**
- Heme/Lymphadenopathy/Immunologic:**
- CVS:**
- Lungs:**
- Abdomen/rectal:**
- GU:**
- Extremities:**
- Musculoskeletal/Joint/Back:**
- Skin:**
- Neuro and psychiatric:**

Radiology: Interpreted by me

EKG: Read by me

Labs:



I personally discussed the case with the requesting team and communicated our recommendations.

Consultant's Name: _____ Signature: _____

Physician Number: _____ Pager: _____

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