



**CONSULTATION NOTE REPORT**

Date: mm/dd/yyyy

Re: xxxxxxxxxxxx

DOB: mm/dd/yyyy

**REASON FOR CONSULT:**

**HISTORY OF PRESENT ILLNESS:**

**REVIEW OF SYSTEMS:**

**PAST MEDICAL HISTORY:**

**FAMILY HISTORY:**

**SOCIAL HISTORY:**

**MEDICATIONS:**

**ALLERGIES:**

**PHYSICAL EXAMINATION:**

**GENERAL:**

**VITAL SIGNS:**

**LYMPHATICS:**

**HEENT:**

**NECK:**

**CHEST:**

**CARDIAC EXAM:**

**ABDOMEN:**

**NEURO EXAM:**

**EXTREMITIES:**

**SKIN:**

**BONES & JOINTS:**

**SPINE:**



**ASSESSMENT AND PLAN:**

CC: xxxxxxxxxxxx

DD: xx/xx/xxxx

DT: xx/xx/xxxx