

THE UNIVERSITY  
OF KANSAS HOSPITAL  
**KUMED**

3901 Rainbow Boulevard • Kansas City, Kansas 66160



DT0024

**CONSULTATION REPORT**

To: (Attending Physician or Department)

Date

Patient's Name

Room

Referred to you for the following reason:

Emergent  Routine

Attending Physician  
Name (print) \_\_\_\_\_

Attending Physician's  
Signature \_\_\_\_\_

Opinion only

Opinion with order writing

Request to transfer to Consulting Services

Contacted: \_\_\_\_\_ Consulting Service notified by \_\_\_\_\_  
Date and Time: \_\_\_\_\_

**CONSULTATION REPORT BY CONSULTANT ATTENDING PHYSICIAN**

The consultant attending physician must 1) document CC, 2) document HPI, 3) either document PMH, FH, SH and ROS or indicate reviewed on reverse side by checking the box  below, 4) personally perform and document key portions of the PE, 5) state the clinical impression or diagnosis(es), and indicate the Plan of Care.

PMH, FH, SH, and ROS and on reverse side have been reviewed by Consultant Attending

TIME AND DATE OF  
CONSULT

CONSULTANT ATTENDING NAME  
(print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Continue on Reverse Side

Consult dictated:

Time and Date: \_\_\_\_\_

All requests for consultations from attending physicians, and also the opinion of the consultant, are to be made in writing. Such written opinions are to be incorporated as part of the Hospital records.

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CONSULTANT ATTENDING PHYSICIAN: Document Plan of Care and relevant diagnostic test results.

STUDENT OR RESIDENT STAFF: Document Past Medical History (PMH), Family History (FH), Social History (SH), and Review of Systems (ROS).

**HISTORY**

History of Present Illness:

99251, 99252 = 1-3 Elements, 99253, 99254, 99255 - 4 Elements (location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms)

Past Medical History:

Current Medications:

Adverse Drug Reactions and Allergies:

Social History:

Family History:

**Review of Systems**

Check box if asked and negative; otherwise detail (99252 = 1, 99253 = 2-9, 99254 = 10)

- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary

- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

**PHYSICAL EXAMINATION**

Laboratory / Radiology / Other Diagnostic Tests:

**ASSESSMENT / PLAN:**

This case was discussed with the requesting service physician, Dr. \_\_\_\_\_.

Date \_\_\_\_\_ Resident Physician Signature \_\_\_\_\_

**CONSULTATION REPORT**