

FLOW FOR PATIENT DICTATION

Chief Complaint:

Document the primary reason for the patient's visit.

History of Present Illness:

Types of symptoms

Severity/Duration

Differentiate: Seasonal/Perennial/Chronic

Identify triggers

Type of treatment

Sequela/Complications

Allergy Profile:

Review of possible ancillary allergic conditions

Rhinitis/Sinusitis/Asthma/Eczema

Food/Drug/Bee

Other: Aspirin/NSAID's/Sulfites

Past History:

Comment on past medical problems/operative procedures

Comment on medications required for these conditions

Medication List:

Add Medications

Family History:

Atopy in immediate family [mother/father/siblings]

Other major medical problems in family [e.g.cancer/hypertension, autoimmune disorders]

Environmental History:

See environmental sheet

Work History:

Describe work setting

Occupational exposures

Social History:

Hobbies/Smoking History/Marital Status

Review of Systems:

Query 14 relevant body systems

Physical Examination:

Standard Format

Laboratory Tests:

Skin Tests:

Primary (puncture) testing to: positive to: Trees (Oak/Maple/Elm); Grasses (Timothy/Bermuda); Weeds (Ragweed); Animals (Cat); House Dust Mites

Spirometry:

List FEV1/FVC/FEF 25-75

Eg: FEV1:2.25/3.50 (64%) etc.

Other:

Other relevant laboratory tests

Assessment:

1. Seasonal Allergic Rhinitis
2. Perennial Allergic Rhinitis
3. Non-allergic Asthma
4. Food Allergy
 - a) Peanut-induced anaphylaxis
 - b) Food additive-induced
5. Drug Sensitivity
 - a) Aspirin intolerance
 - b) Local anesthetics

Write a brief paragraph on each specific problem identified above (1-5)

Plan:

1. Environmental measures
2. Rhinitis medications (e.g. Rhinocort 2 sprays/nostril bid +/- Allegra 10 mg tablet qd prn for control of rhinitis)
3. Asthma medication (same format)
4. Follow-up procedures/tests
5. Follow-up appointment
6. If difficulties in the interim, call nurse line at 410-550-2300 from 8:00 a.m. to 4:00 p.m., Monday thru Friday, after 4:00 p.m., call 410-955-4331 and ask for the Allergy Fellow on call.

Press ## to get dictation number. Please write this on the clinic note for retrieval

JOHNS HOPKINS MEDICINE – ALLERGY AND CLINICAL IMMUNOLOGY

INITIAL EVALUATION TEMPLATE

Patient Name:
History #:
Date of Birth:
Visit Date:
Primary Provider:
Other Provider:

CHIEF COMPLAINT AND REFERRAL STATUS:

HISTORY OF PRESENT ILLNESS:

ALLERGY PROFILE:

PAST MEDICAL/SURGICAL HISTORY:

FAMILY HISTORY (NON-ALLERGY/ALLERGY HISTORY):

ENVIRONMENTAL HISTORY:

WORK HISTORY:

SOCIAL AND PERSONAL HISTORY:

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:

LAB/SKIN TEST RESULTS:

ASSESSMENT (PROBLEM/DIAGNOSIS):

PLANS/RECOMMENDATION:

This evaluation note was dictated by (*your name*), an Allergy and Immunology Fellow, who saw the patient in conjunction with (*Attending's Name*), Allergy-Immunology Attending.

Addendum from (*Attending's Name*): I have seen and evaluated this patient with Dr. (*your name*). I have reviewed and edited this note to accurately reflect my findings, assessment, and recommendations. Additional documentation of my personal evaluation of this patient can be found in my handwritten notes in the patient's chart.

OBTAIN JOB # - PROMPT *2

WRITE JOB# ON CLINIC FOR RETRIVAL