

## **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**