

**Tulane University Health Sciences Center
Department of Pediatrics, Clinical Clerkship Program
History and Physical Exam Write-up Evaluation Form**

Student Name: _____ **Beeper number:** _____

Service: TULANE WARD TULANE NICU OCHSNER WARD OCHSNER NICU
(CIRCLE ONE)

Admission Date: _____ **Date Submitted:** _____

	MAX POINTS	SCORE
Timeliness (submitted \leq 4 days after admission) Subtract one point if late	0	_____
Legibility Subtract one point if difficult to read	0	_____
History 3 - Complete and thorough yet concise, accurate, all pertinent positive and negative historical data included 2 - Minor omissions or inclusion of excessive amounts of irrelevant or unimportant data 1 - Minor omissions or inaccuracies and inclusion of excessive amounts of irrelevant or unimportant data OR one or two major omissions 0 - Several major omissions of key pieces of data, major inaccuracies, poor organization	3	_____
Physical Exam 3 - Complete and thorough yet concise, accurate, all pertinent positive and negative physical exam findings included 2 - Minor omissions or inclusion of excessive amounts of irrelevant or unimportant data 1 - Minor omissions or inaccuracies and inclusion of excessive amounts of unimportant P.E. findings, OR one or two major omissions 0 - Several major omissions of key findings, major inaccuracies	3	_____
Assessment/Impression 3 - Inclusion of all important problems/diagnoses using ICD-9 terms with appropriate differential diagnosis for each problem 2 - Omission of minor problems/diagnoses or inclusion of one or two inappropriate differential diagnoses 1 - Exclusion of one or two key pertinent differential diagnoses for primary problem 0 - Omission of major problems/diagnoses and/or exclusion of several key pertinent differential diagnoses	3	_____
Treatment Plan 1 - Good plan that corresponds to assessment 0 - Poor plan that does not correspond to assessment	1	_____
Discussion (1 - 2 paragraphs) 2 - Excellent rationale for selection of most likely dx 1 - Good rationale 0 - Poor rationale	2	_____
Total Score	12	_____

Student Signature: _____ **Faculty Signature:** _____

Evaluator Last Name (please print) _____