

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

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

Service: TULANE: _____ OCHSNER _____ UH WARDS _____ NICU: _____
 Red Blue Green PICU Tulane University

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	_____
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		
Physical Exam	3	_____
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		
Assessment/Impression	3	_____
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		
Treatment Plan	1	_____
1 - Good plan that corresponds to assessment		
0 - Poor plan that does not correspond to assessment		
Discussion (1 - 2 paragraphs)	2	_____
2 - Excellent rationale for selection of most likely dx		
1 - Good rationale		
0 - Poor rationale		
Total Score	12	_____

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

Evaluator Last Name (please print) _____

Please circle one: PRECEPTOR FACULTY SENIOR RESIDENT (not interns)