Patient Encounter Form -- Summary Sheet

YEAR 3 SURGERY CLERKSHIP ROTATION AT CEDARS-SINAI

Student Name: ___________________________________________________________

CS Service Name: __________________________  Dates: _______________________

Complete Workups – History and Physical Examination (Patient initials, Diagnosis, date of H&P)
1. _____________________________________________________________________
2. _____________________________________________________________________
3. _____________________________________________________________________

Daily Progress Notes – (Patient initials, Diagnosis)
1. _____________________________________________________________________
2. _____________________________________________________________________
3. _____________________________________________________________________

Clinical activities (fill in with date) – MUST complete AT LEAST 3
1. Evaluate patient in the upon initial surgical consultation
2. Do post-op check, with Resident or Attending supervision
3. Perform bedside procedure (NGT tube, Foley catheter, dressing change) with nursing, Resident, or Attending supervision
4. Suturing in the OR (of skin, drain, chest tube, etc.), with Resident or Attending supervision

Please check off the following common diagnoses which you have seen:

__ Abdominal pain     __ Ischemic bowel
__ Acute abdomen      __ Malignant rectal disease
__ Appendicitis       __ Pancreatitis
__ Benign rectal disease __ Parathyroid disease
__ Blunt Trauma       __ Penetrating trauma
__ Bowel obstruction  __ Peptic ulcer disease
__ Breast disease     __ Perioperative complication (e.g., wound infection, pneumonia, myocardial infarction, DVT, etc.)
__ Colon cancer       __ Shock (septic or hemorrhagic)
__ Gallstone disease  __ Thyroid disease
__ Gastric Cancer     __
__ Gastroesophageal reflux disease __
__ Hernia

RETURN THIS SHEET TO SHEILA ON LAST DAY OF EACH 3-WEEK ROTATION