

<b>Patient Identifier:</b>	enter 2 or 3 initials	
<b>Date of Encounter:</b>	format MM/DD/YYYY	
<b>Patient Age:</b>	<1, 1-100, >100	
<b>Patient Gender:</b>	male / female	<input type="checkbox"/> male <input type="checkbox"/> female
<b>Encounter Location:</b>	choose one	<input type="checkbox"/> inpatient <input type="checkbox"/> O.R. <input type="checkbox"/> emergency department
		<input type="checkbox"/> outpatient <input type="checkbox"/> MD office <input type="checkbox"/> conference only
<b>Student Role:</b>	choose one	<input type="checkbox"/> primary <input type="checkbox"/> team member <input type="checkbox"/> observer
<b>Supervisor:</b>	choose one	<input type="checkbox"/> faculty <input type="checkbox"/> fellow <input type="checkbox"/> resident
		<input type="checkbox"/> CNM/NP/PA <input type="checkbox"/> nurse <input type="checkbox"/> therapist/technician
<b>Diagnosis 1:</b>	be as specific as possible	
<b>2:</b>	list up to three if warranted	
<b>3:</b>		
<b>Examination:</b>	choose one	<input type="checkbox"/> comprehensive exam <input type="checkbox"/> targeted <input type="checkbox"/> NONE
<b>Specials:</b>	check all that apply	<input type="checkbox"/> newborn exam <input type="checkbox"/> breast <input type="checkbox"/> pelvic
		<input type="checkbox"/> neurological <input type="checkbox"/> male genital
		<input type="checkbox"/> fundiscopic <input type="checkbox"/> rectal
<b>Charting:</b>	choose one	<input type="checkbox"/> admit H&P <input type="checkbox"/> episodic H&P <input type="checkbox"/> inpatient progress
		<input type="checkbox"/> pre/post op note <input type="checkbox"/> operative/delivery/procedure note
		<input type="checkbox"/> outpatient progress note <input type="checkbox"/> NONE
<b>Procedure Done:</b>	venipuncture, IV, suture, etc	
<b>2nd:</b>	up to two that you performed	
<b>comments/reflections:</b>		
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