

Medical University of the Americas (MUA) Patient Log Note Pad

Patient Identifier:	enter 2 or 3 initials	
Date of Encounter:	format MM/DD/YYYY	
Patient Age:	<1, 1-100, >100	
Patient Gender:	male / female	<input type="checkbox"/> male <input type="checkbox"/> female
Encounter Location:	choose one	<input type="checkbox"/> hospital/inpatient <input type="checkbox"/> nursing home <input type="checkbox"/> ER/urgent care <input type="checkbox"/> hospital/outpatient <input type="checkbox"/> community clinic <input type="checkbox"/> private practice office
Student Role:	choose one	<input type="checkbox"/> primary <input type="checkbox"/> team member <input type="checkbox"/> observer
Supervisor:	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
Diagnosis 1:	be as specific as possible	
2:	list up to ten if warranted	
3:		
Examination:	choose one	<input type="checkbox"/> comprehensive <input type="checkbox"/> targeted <input type="checkbox"/> NONE
Specials:	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"/> mental status <input type="checkbox"/> fundoscopic <input type="checkbox"/> rectal
Charting:	choose one	<input type="checkbox"/> H&P <input type="checkbox"/> progress note <input type="checkbox"/> pre/post op note <input type="checkbox"/> operative/delivery/procedure note <input type="checkbox"/> discharge summary <input type="checkbox"/> NONE
Procedure Done:	venipuncture, IV, suture, etc	
2nd:	up to five that you performed	
comments/reflections:		

Patient Identifier:	enter 2 or 3 initials	
Date of Encounter:	format MM/DD/YYYY	
Patient Age:	<1, 1-100, >100	
Patient Gender:	male / female	<input type="checkbox"/> male <input type="checkbox"/> female
Encounter Location:	choose one	<input type="checkbox"/> hospital/inpatient <input type="checkbox"/> nursing home <input type="checkbox"/> ER/urgent care <input type="checkbox"/> hospital/outpatient <input type="checkbox"/> community clinic <input type="checkbox"/> private practice office
Student Role:	choose one	<input type="checkbox"/> primary <input type="checkbox"/> team member <input type="checkbox"/> observer
Supervisor:	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
Diagnosis 1:	be as specific as possible	
2:	list up to five if warranted	
3:		
Examination:	choose one	<input type="checkbox"/> comprehensive exam <input type="checkbox"/> targeted <input type="checkbox"/> NONE
Specials:	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"/> mental status <input type="checkbox"/> fundoscopic <input type="checkbox"/> rectal
Charting:	choose one	<input type="checkbox"/> H&P <input type="checkbox"/> progress note <input type="checkbox"/> pre/post op note <input type="checkbox"/> operative/delivery/procedure note <input type="checkbox"/> discharge summary <input type="checkbox"/> NONE
Procedure Done:	venipuncture, IV, suture, etc	
2nd:	up to two that you performed	
comments/reflections:		