

Palliative Care Inpatient Progress Note

Physical Exam: BP _____ Pulse _____ RR _____ Temp _____ O2sat _____

	nl		nl		nl		nl
Constitutional		Respiratory		GU		Skin/integumentary	
ENMT		Cardiac		Musculoskeletal		Neurological	
Eyes		GI/Abdomen		Hem/Lymph		Psychiatric	

Abnormalities:

Laboratory and Other Data Review:

Purpose of the Counseling Session: Goals of Care Transition Planning Other, Specify _____

Counseling Session Participants: _____

Location: Patient's room Nursing unit conference room Other, specify _____

Summary of Patient/Family Counseling Session:

Fellow/Resident _____ / _____
Print Name Signature Dictation Code Date Time (AM/ PM)

Attending/NP Documentation (List description of any counseling/ care coordination discussions):

- Transition Planning discussed _____
- Goals of Care addressed _____
- Spiritual support offered _____

Total Attending/NP time: _____ minutes
 Greater than fifty percent of time during encounter was spent on counseling and/ or care coordination as documented above

Prolonged time spent in face-to-face patient contact: _____ minutes
Prolonged time codes must be listed separately in addition to original E&M code billed

Attending/ NP _____ / _____
Print Name Signature Dictation Code Date Time (AM/ PM)

Palliative Care Pager Number: 917-632-6906 (9399) Palliative Care Office Number: 41446