

# 病歷(Admission note)寫作評核



|                  |            |                           |                                                                                               |
|------------------|------------|---------------------------|-----------------------------------------------------------------------------------------------|
| 學<br>員<br>填<br>寫 | 教師：_____   | 學員：_____                  | <input type="checkbox"/> INTERN <input type="checkbox"/> PGY <input type="checkbox"/> 其他_____ |
|                  | 臨床科別：_____ | 病歷書寫日期：_____年_____月_____日 |                                                                                               |
|                  | 病歷號：_____  | 診斷：_____                  |                                                                                               |

| 請依照下列項目評估學員表現 |                                                                                                                                                                                                                | 分數                         |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1.            | chief complaints (C.C.)                                                                                                                                                                                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|               | “Source of history” + reliability<br>簡短敘述就醫的原因(symptom, problem, condition, diagnosis, etc.)+duration                                                                                                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 2.            | Present illness                                                                                                                                                                                                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|               | 圍繞 C.C.的病史(包含 OPQRST: <u>O</u> nset of the event; <u>P</u> rovocation or palliation; <u>Q</u> uality of the “pain”; <u>R</u> egion and radiation; <u>S</u> everity; <u>T</u> ime.), 含 major “negative” for DDx | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 3.            | Personal, past and travel history                                                                                                                                                                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|               | Smoking/alcohol/substance abuse/sexual activity<br>Past medical/surgical history/current medications<br><u>T</u> ravel <u>O</u> ccupation <u>C</u> ontact <u>C</u> luster                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 4.            | Allergy                                                                                                                                                                                                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | Drug/food allergies; NKA to drug or food                                                                                                                                                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 5.            | Family history                                                                                                                                                                                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | Major diseases/family pedigree                                                                                                                                                                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 6.            | Social and psychosocial                                                                                                                                                                                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | 是否有明顯錯誤？前後矛盾現象？                                                                                                                                                                                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 7.            | Review of systems                                                                                                                                                                                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | (+) 加上 description                                                                                                                                                                                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 8.            | Physical examination                                                                                                                                                                                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | Focus on C.C. related, past history related..                                                                                                                                                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 9.            | Laboratory and diagnostic studies                                                                                                                                                                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | With/without data/results interpretation/影像檢查繪圖                                                                                                                                                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 10.           | Assessment and plan                                                                                                                                                                                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|               | Assessment include problem/impression/diagnosis and DDx<br>Plans include at least Diagnostic/Therapeutic/Educational                                                                                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 評<br>語        | 表現良好的項目                                                                                                                                                                                                        | 建議加強的項目                    |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|               |                                                                                                                                                                                                                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |

註：請教師評核及簽章，敬請親自送回教學部，以利費用核發，感恩。

指導醫師簽章：\_\_\_\_\_