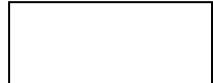


病歷(Admission note)寫作評核



學員填寫	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 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>Onset</u> of the event; <u>Provocation or palliation</u> ; <u>Quality</u> of the “pain”; <u>Region and radiation</u> ; <u>Severity</u> ; <u>Time</u> .), 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 Past medical/surgical history/current medications <u>Travel Occupation Contact Cluster</u>	<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 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 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 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 (+) 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 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 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 Assessment include problem/impression/diagnosis and DDx 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：_____