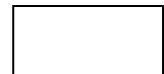


婦產部病歷(Admission note)寫作評核



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：_____ 痘歎書寫日期：____年____月____日 痘歎號：_____ 診斷：_____
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請依照下列項目評估學員表現		分數
1.	chief complaints (C.C.)	<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"/> 1 0
	“Source of history” + reliability 簡短敘述就醫的原因(symptom, problem, condition, diagnosis, etc.)+duration	
2.	Present illness	<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"/> 1 0
	圍繞 C.C.的病史(包含 OPQRST: <u>Onset</u> of the event; <u>Provocation</u> or <u>palliation</u> ; <u>Quality</u> of the “pain”; <u>Region</u> and <u>radiation</u> ; <u>Severity</u> ; <u>Time</u> .), 含 major “negative” for DDx	
3.	Personal, past and travel 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"/> 1 0
	Smoking/alcohol/substance abuse/sexual activity Past medical/surgical history/current medications Travel Occupation Contact Cluster	
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"/> 1 0
	Drug/food allergies; NKA to drug or food ; Fertility history: G?P?SA?AA? (註明生產/流產 方式)	
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"/> 1 0
	Major diseases/family pedigree	
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"/> 1 0
	是否有明顯錯誤？前後矛盾現象？	
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"/> 1 0
	(+) 加上 description	
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"/> 1 0
	Focus on C.C. related, past history related.. Pelvic examination: (無性經驗者或因疾病因素者可省略並註明)	
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"/> 1 0
	With/without data/results interpretation/影像檢查繪圖	
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"/> 1 0
	Assessment include problem/impression/diagnosis and DDx Plans include at least Diagnostic/Therapeutic/Educational	
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：_____