

PT ID:	Date	Consult	Cell/Pager
Room:			
Admit Date:			
DC Date:			
PCP:			
Problem List		Status	HPI
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
			PMHx
			SHx
			FHx

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IV Fluids	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nutrition/Diet	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Meds	D/C	Studies	To Do List
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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IV Fluids	/ /	Studies	To Do List
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	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	/ /	Studies	To Do List
	T: P: BP: Sat: R: Sat: I/O:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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