

**USUHS Third-Year Pediatric Clerkship AY 2008-09  
Comprehensive H&P / Clinical Discussion Grading Form**

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Round: \_\_\_\_ H&P: 1 / 2

**NOTES**

<b>ID &amp; CC</b>	<input type="checkbox"/> Succinct (in patient's own words if possible) <input type="checkbox"/> ID (age, gender, underlying condition)	
<b>HPI</b>	<input type="checkbox"/> Pertinent signs and symptoms in chronological order <input type="checkbox"/> Pertinent past history, therapies <input type="checkbox"/> Complete pertinent positives and negatives for diff dx	
<b>PAST MED HX</b>	<input type="checkbox"/> Hospitalizations, surgeries, serious illnesses, meds, allergies <input type="checkbox"/> Neonatal hx if relevant, diet, developmental hx as appropriate for age <input type="checkbox"/> Immunization status	
<b>FAM HX</b>	<input type="checkbox"/> Pertinent positive and negative info about diseases/diagnoses in extended family <input type="checkbox"/> Current health status of parents and siblings	
<b>SOC HX</b>	<input type="checkbox"/> Current living arrangements and caregivers <input type="checkbox"/> School performance <input type="checkbox"/> HEADDSS interview if adolescent	
<b>ROS</b>	<input type="checkbox"/> Includes all relevant positive and negative information	
<b>PE</b>	<input type="checkbox"/> Vital signs <input type="checkbox"/> Growth measures with %s <input type="checkbox"/> General description without stock phrases <input type="checkbox"/> All systems in appropriate detail with pertinent positive and negative findings	
<b>LABS &amp; IMAGING</b>	<input type="checkbox"/> Includes all results and indicates normal and significant abnormal results <input type="checkbox"/> Interprets abnormal results	
<b>PROBLEM LIST</b>	<input type="checkbox"/> Lists all problems (signs, symptoms, known diagnoses) in order of priority	
<b>DIFFERENTIAL DX</b>	<input type="checkbox"/> Develops several reasonable differential diagnoses for problem list with a brief discussion of each	
<b>CLINICAL QUESTION</b>	<input type="checkbox"/> Articulates a specific clinical question relating to diagnostic tests, therapy, or prognosis of most likely diagnosis	
<b>BEST AVAILABLE EVIDENCE</b>	<input type="checkbox"/> Includes at least 2 appropriate references (relevant, current, not <i>UpToDate</i> or <i>eMedicine</i> ) <input type="checkbox"/> Integrates information from references with patients' clinical condition to answer clinical question	
<b>OVERALL</b>	<input type="checkbox"/> Uses appropriate medical terminology? <input type="checkbox"/> Clear, concise sentences? <input type="checkbox"/> Grammar and punctuation? <input type="checkbox"/> Organized, easy to read and to follow clinical reasoning?	

Grade will count only for H&P #2

GRADE:

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