FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION   **CHN DOCUMENTATION TOOL WHEN CONSULTING MD/NP**

Purpose: To organize information when consulting. If you do not fill out form, please follow format when presenting patient to MD/NP.
This form does not replace nursing documentation for complex patients.   If more comprehensive note required, please continue in nurses' notes.

Facility:	**Nurse:**	**Name:**
		D.O.B (DD/MM/YY):
Date (DD MMM YY):	**Time (0000h)**	**Band #:**
		O.H.I.P#:
MD/NP Consulted	**Repeat Visit for Same Complaint?** ☐YES ☐NO	**File #:**
		Pharmacy:

CTAS: ☐1   ☐2   ☐3   ☐4   ☐ 5

General Appearance: ☐ Well   ☐ Distress   ☐ Unwell   ☐ Other _____

SUBJECTIVE DATA

Chief Complaint & History of Present Illness:	**ALLERGIES:**
	Consider: PMH SH/FH ROS Meds Immunizations:

OBJECTIVE DATA

T:	**P:**	**R:**	**BP:**	**02sat:**	**Wt:**	**Gluc:**	**Other:**

Physical Exam Findings (pertinent positive and negative):

Interventions/Management to Date:

Nursing Question:

MD/NP RESPONSE

Plan:

☐ **See Nurses Notes for further information**

O: Oct 19
R: Dec 19   State 'SEE CONSULT NOTE' in NN, strike out any blank lines and place sheet in NN to ensure chronology of notes