Patient Name: [ ]
Account number: [ ]
MR #: [ ]
Date of Birth: [ ]
Date of Visit: [ ]

Referring Physician:
[ ]

Purpose for evaluation:
[ ]

History of Present Illness:

The patient is a [ ] who sustained an injury while [ ]. They had immediate pain and deformity and were taken directly to Mammoth Hospital emergency department. They deny loss of consciousness and other orthopaedic or neurologic complaints.

Past Medical History:
[None]

Past Surgical History:
[None]

Allergies:
[No known drug allergies]

Medications:
[None]

Social History:
Smoking: [Denies]
Drinking: [Occasional]
Other substances: [Denies]
Living Situation: [Lives locally in Mammoth Lakes]
Occupation: [ ]

Family History:
non-contributory

Review of Systems:

Is available for review in the emergency department chart was reviewed by me and is negative except as indicated above for 10 systems.

Physical exam:
VS: Reviewed by me from emergency department records. Afebrile vital signs stable

General: Patient is well-appearing resting in bed in moderate distress
Eyes: anicteric sclerae, pupils equal and round.
HEENT: atraumatic normocephalic. oropharynx clear, normal hearing
Neck: Trachea midline; full supple range of motion
Lungs: no retractions, respirations unlabored, no audible wheezing

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CV: regular rate and rhythm of peripheral pulses
Abdomen: Soft, non-tender; no masses, no tenderness
Skin: Normal temperature, turgor and texture except as per detailed extremity exam
Psych: Appropriate affect, alert and oriented to person, place and time

Musculoskeletal:

[ ] are atraumatic with skin intact, no deformities, full range of motion, no tenderness to palpation and normal stability of all joints.

Spine has full range of motion no tenderness to palpation no step-offs no obvious deformity there is normal stability of the joints and appropriate strength to manual testing. Reflex exam is normal and no pathologic reflexes or clonus noted.

Pelvis is stable to AP and lateral compression

[ ]

Neurologic:

[ ]

Labs:
None

Imaging:
[ ]

Assessment:
[ ]

Plan:

Given their age, activity level and injury pattern outcomes are superior with operative management.

[I discussed operative management here versus temporizing closed management and definitive fixation in an elective fashion and they elected to proceed with operative fixation here. I discussed my procedure for electronic follow-up and offered to follow-up in person at any point according to their preferences, but I understand the practicalities of needing to obtain local follow-up and this is a reasonable option. They understand all of this.]

[ ]

[I discussed nonoperative management versus operative management of the fracture. I discussed alternatives including nonoperative management with immobilization. I discussed the risks of operative intervention including damage to neurovascular structures, bleeding, persistent

pain, infection, stiffness, persistent pain and need for further surgery. Additionally I discussed the risks of malunion, nonunion, and hardware complication including early failure. I discussed the risks of the mobility including development of deep venous thrombosis or other medical comorbidity or complication. Understanding these risks the patient agreed to proceed. I discussed the expected operative and postoperative course including any immobilization weightbearing restrictions. Surgical consent was obtained placed in the patient's chart.]

We will proceed the operating room theater at the earliest availability.

Electronically signed by Brian B. Gilmer, MD [ ]