



# Charlottesville-Albemarle Rescue Squad Clinical Review and Training Clinical Thought Process Evaluation

Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Incident: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Secondary Complaints: \_\_\_\_\_

HPI: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PMH (List): \_\_\_\_\_

\_\_\_\_\_

Prescription Medications and uses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Physical Exam (Look, Listen, and Feel)

General Impression: \_\_\_\_\_

HEENT: \_\_\_\_\_

\_\_\_\_\_

Neuro: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Pulmonary: \_\_\_\_\_

Abd: \_\_\_\_\_

GI/GU: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Differential Diagnosis (What could be going on with your patient?)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Action / Treatment / Clinical Indication (in chronological order):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Medications: List the mechanism of action for all medications administered.

---

---

---

---

Outcome / Presentation to ED: \_\_\_\_\_

---

---

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_