CLINICAL CLERKSHIP (elective)

SUMMARY OF ASSIGNED PATIENT NO. ( )

* The format of patient summary may differ from the format below as long as all required information is included.
* If you were not assigned to a specific patient (for example, in anesthesiology or radiology departments), you may submit the summary of the anesthesia record or a diagnostic imaging report along with the medical history and other pertinent information of the patient.

Name of student: Student ID number :

Name of attending physician:

Name of supervising physician:

Name of hospital and department:

Case (Names, IDs, initials are not allowed): Age: Sex: Occupation:

**Chief complaint**:

**History of present illness**:

Sleep: Bowel movement: Urination: Appetite: Menstruation:

**Past medical history**:

**Social history**:

Alcohol consumption: Smoking:

Others (e.g., recreational drug use):

**Family history**:

**Physical findings**:

Body measurements & vital signs

 Height: cm Weight: kg BMI: Chest circumference: cm

 Mental status: Heart rate: Blood pressure: Nutritional status:

Head and Neck

Chest

Abdomen

Extremities・rectum・genitalia/pelvic

Neurological

**Workup**:

Urinalysis

CBC

Blood chemistry

Serological test

Electrocardiogram

Chest X-ray

Imaging findings, etc.

**Problem list:** List physical, psychological, social, and other problems in the order of importance.

**#1.**

**#2.**

**#3.**

**#4.**

**#5.**

**Assessment and plan:**

(Write about the diagnosis, treatment, and patient education for each problem listed above on the basis of the initial and follow-up information after hospital admission.)