MSH IM RESIDENCY AMBULATORY PRESENTATION TEMPLATE	
SUBJECTIVE	
CC or Visit Type	The single thing to frame your presentation, e.g. <i>periprocedural</i> evaluation, annual, routine follow up, chest pain.
HPI	One-liner with a short list of relevant PMH. (Exclude irrelevant PMH. If you are not sure, you can list additional PMH down below.)
	2. <u>Agenda</u> , i.e. " <i>Today, we discussed X, Y, and Z.</i> " (We recommend choosing <u>≤ 3 topics</u> and encourage 1-2 when depth is needed.)
	3. Problem-based HPI # X: subjective # Y: subjective # Z: subjective
ROS	Skip. (Pertinent negatives and positives should be included above.)
PMH / PSH / FHx / OBGynHx / SHx	New patients: present systematically . Returns: relevant details only.
Allergies & Medications	State you updated Allergies & Meds in Epic today. You will usually include relevant meds above. You may ask your preceptor if they would like for you to list again.
OBJECTIVE	
Vitals	Relevant vitals to today's visit. (BP will almost always be relevant.)
Physical Exam	Relevant items to today's visit.
Labs / Imaging / Procedures	Only what is relevant . Exclude data that does not impact your assessment or plan.
	ASSESSMENT & PLAN
Brief Problem Representation	Transform the language of your HPI and include: 1. acuity 2. medical script of problem 3. relevant qualifiers 4. status of problem e.g. chronic asymmetric knee arthritis that is non-inflammatory by history and physical which is not improving with conservative management
	including PT, or well-controlled T2D without microvascular complications
2. Prioritized DDx	For chronic disease management, e.g. T2D this will be your treatment goal and rationale .
3. Plan	
Problem-Based A&P # X: A&P # Y: A&P # Z: A&P	
Follow up	days, weeks, next block, 3 months, 6 months, 1 year