

# CLINIC PROFICIENCY OBJECTIVES

ONE FORM PER PATIENT

Student: \_\_\_\_\_

Patient Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Condition Categories

Cardio/PV

GI

Neuro

Rheum/AI

Derm

Heme/Onc

Psych

Uro/Nephro

Enviro

Endo/Metab

Repro

EENT

MSK

Resp

## PATIENT VISIT

CONDITION | INITIAL

Focused Hx \_\_\_\_\_

Pertinent PE \_\_\_\_\_

Case Presentation/DDX \_\_\_\_\_

Diagnostic Eval \_\_\_\_\_

Ext. Referral \_\_\_\_\_

## THERAPEUTIC MODALITIES

CONDITION | INITIAL

Nutrition Supp \_\_\_\_\_

Botanical \_\_\_\_\_

Homeopathic \_\_\_\_\_

Pharmacologic \_\_\_\_\_

Dietary \_\_\_\_\_

## PREVENTIVE SERVICES VISIT

Focused Hx \_\_\_\_\_

Pertinent PE \_\_\_\_\_

Anticipatory Guidance \_\_\_\_\_

## Category CIRCLE ONE

Female

Peds

Male

Geriatric

## OTHER THERAPEUTIC MODALITIES—Indicate Type or Region

DR. INITIALS

Mental Health/Counseling: \_\_\_\_\_

Phys. Med: \_\_\_\_\_

Minor Surgery: \_\_\_\_\_

Emergency Med: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_