# CONSULTATION SHEET

## MEDICAL RECORD

### CONSULTATION SHEET

<table>
<thead>
<tr>
<th>TO:</th>
<th>FROM: (Requesting physician or activity)</th>
<th>DATE OF REQUEST</th>
</tr>
</thead>
</table>

**REASON FOR REQUEST** (Complaints and findings)

### PROVISIONAL DIAGNOSIS

**DOCTOR’S SIGNATURE**

**APPROVED**

**PLACE OF CONSULTATION**

- [ ] BEDSIDE
- [ ] ON CALL
- [ ] ROUTINE
- [ ] TODAY
- [ ] 72 HOURS
- [ ] EMERGENCY

### CONSULTATION REPORT

**RECORD REVIEWED**

- [ ] YES
- [ ] NO

**PATIENT EXAMINED**

- [ ] YES
- [ ] NO

(Continued on reverse side)

**SIGNATURE AND TITLE**

**DATE**

**IDENTIFICATION NO.**

**ORGANIZATION**

**REGISTER NO.**

**WARD NO.**

**PATIENT’S IDENTIFICATION** (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

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