

**Assessment/Plan Worksheet:**

Background	
Chief Complaint	
History	
Physical Exam	
Labs	
Imaging/Diagnostics	
Diagnosis	

**Summary:** \_\_\_\_\_ y M/F c h/o \_\_\_\_\_, p/w \_\_\_\_\_, \_\_\_\_\_ on exam, and \_\_\_\_\_ seen/confirmed by \_\_\_\_\_ suggestive of/ consistent with a diagnosis of \_\_\_\_\_.

Differential Dx (%)*	In favor of	Not consistent with
1.		
2.		
3.		
4.		
5.		

\* percentages of all differentials must add up to 100%

Pre-Test Probability Scores	Results

Dx Tests	Sens/Spec	If results (+), then ...	If results (-), then ...

References:

Treatment	Outcome/Side Efx	ARR/NNT

References:

Discussion	
Epidemiology	
Prognosis	
Prevention	
Pearls	
Questions	