Saba Patient Log Note Pad

Patient Indentifier:	enter 2 or 3 initials			
Date of Encounter:	format MM/DD/YYYY			
Patient Age:	<1, 1-100, >100			
Patient Gender:	male / female	🗆 male	□ female	
Encounter	choose one	□ hospital/inpatient	nursing home	ER/urgent care
Location:		□ hospital/outpatient	Community clinic	□ private practice office
Student Role:	choose one	□ primary	□ team member	□ observer
Supervisor:	choose one	□ faculty	□ fellow	🗆 resident
		□ CNM/NP/PA	🗆 nurse	□ therapist/technician
Diagnosis 1:	be as specific as possible			
2:	list up to ten if warranted			
3:				
Examination:	choose one	□ comprehensive	□ targeted	
Specials:		newborn exam	□ breast	□ pelvic
	check all that apply	□ neurological	□ male genital	mental status
		□ fundoscopic	\Box rectal	
Charting:				
Charting.	choose one			/
		□ pre/post op note	operative/delivery,	
		□ discharge summary		
Procedure Done:	venipuncture, IV, suture, etc			
2nd:	up to five that you performed			
comments/reflections:				
Patient Indentifier:	enter 2 or 3 initials			
Patient Indentifier: Date of Encounter:	enter 2 or 3 initials format MM/DD/YYYY			
Date of Encounter:	format MM/DD/YYYY	male	☐ female	
Date of Encounter: Patient Age:	format MM/DD/YYYY <1, 1-100, >100	□ male	☐ female □ nursing home	ER/urgent care
Date of Encounter: Patient Age: Patient Gender: Encounter	format MM/DD/YYYY <1, 1-100, >100			 ER/urgent care private practice office
Date of Encounter: Patient Age: Patient Gender: Encounter Location:	format MM/DD/YYYY <1, 1-100, >100 male / female	hospital/inpatient	□ nursing home	-
Date of Encounter: Patient Age: Patient Gender: Encounter Location: Student Role:	format MM/DD/YYYY <1, 1-100, >100 male / female choose one	 hospital/inpatient hospital/outpatient 	 nursing home community clinic 	□ private practice office
Date of Encounter: Patient Age: Patient Gender: Encounter Location:	format MM/DD/YYYY <1, 1-100, >100 male / female choose one	 hospital/inpatient hospital/outpatient primary faculty 	 nursing home community clinic team member 	private practice office observer resident
Date of Encounter: Patient Age: Patient Gender: Encounter Location: Student Role: Supervisor:	format MM/DD/YYYY <1, 1-100, >100 male / female choose one choose one choose one	 hospital/inpatient hospital/outpatient primary 	 nursing home community clinic team member fellow 	private practice office observer
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