

**CLINICAL SKILLS EVALUATION
PATIENT NOTE**

HISTORY: Describe the history you just obtained from this patient. Include only information (pertinent positives and negatives) relevant to this patient's problem(s).

Ms. Bingham is a 24 yo woman who complains of worsening sore throat since yesterday morning. She has never had a similar problem in the past. She has no difficulty swallowing, but notes that swallowing makes the pain worse. Nothing makes it better. There is no SOB or sensation of choking or dysphagia. She has fatigue and has had some anorexia since the symptoms began. She has had some subjective fevers at home but has not taken her temperature. She has had no cough or rhinorrhea. There are no sick contacts at home or at work. She denies seasonal allergies and post-nasal drip.
 ROS: No chest pain, cough, wheezing, abdominal pain, N/V, headache
 PMHx: none
 Meds: none; Allergies: none
 PSHx: none
 FHx: father with HTN
 SHx: married with 2 children, No ETOH or drugs, monogamous with husband

PHYSICAL EXAMINATION: Describe any positive and negative findings relevant to this patient's problem(s). Be careful to include *only* those parts of examination you performed in *this* encounter.

She is in no acute distress, throat clear, abdomen soft, nontender and without distension. There is no notable splenic or hepatic enlargement or tenderness.

DATA INTERPRETATION: Based on what you have learned from the history and physical examination, list 2 diagnoses that might explain this patient's complaint(s). List your diagnoses in order of likelihood. For each diagnosis, list the supporting information that is most appropriate. Then, enter the positive or negative physical exam findings that support each diagnosis. Lastly, list initial diagnostic tests, including laboratory tests, imaging, ECG, and other appropriate maneuvers, laboratory tests, imaging, ECG, and other appropriate maneuvers.

The physical exam includes a cursory examination of the throat. A higher level of detail such as specific mention of erythema or exudate, and evaluation for regional lymphadenopathy would result in a higher score.

DIAGNOSIS #1: Viral Pharyngitis

HISTORY FINDING(S)	PHYSICAL EXAM FINDING(S)
Sore throat	Tender submandibular lymph nodes
Subjective fever	
Fatigue	
Anorexia	
Pain with swallowing	

Appropriate supporting information is drawn from the history and PE section above and used to support a likely diagnosis

DIAGNOSIS #2: Bacterial Pharyngitis/Retropharyngeal Abscess

HISTORY FINDING(S)	PHYSICAL EXAM FINDING(S)

Including a diagnosis without supporting information would result in a lower score even if the diagnosis is likely. Including two diagnoses on the same line would result in a lower score.

Add a Row

DIAGNOSIS #3:

HISTORY FINDING(S)	PHYSICAL EXAM FINDING(S)

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Add a Row

If only two diagnoses are likely based on the patient's presentation, do not list a third diagnosis.

DIAGNOSTIC STUDIES
Throat Culture
Head/neck CT with Contrast

Add a Row

“Head/neck CT with contrast” is overly aggressive and costly in this clinical scenario, and would result in a lower score.