

INSTRUCTIONS FOR COMPLETING THE MANDATORY OUTPATIENT FIRST REGISTRATION PROGRESS NOTE

This report may be completed using the central dictation system (report #35), or using a preformatted, institute-specific form (previously approved by the Medical Record Committee), or using this generic form.

This form provides the physician an organized mechanism to document, in writing, the patient's first outpatient visit to the Clinical Center.

Please follow these instructions:

1. Complete the form (in blue or black ballpoint pen) following the identified headings and subheadings.
 - The content of each heading is to be addressed at the discretion of the physician, as appropriate to the individual patient and the specific care delivered. The subheadings listed under "History & Physical Examination..." and "Instructions to Patient..." should be addressed in the detail necessary to identify the patient, support the diagnosis, justify the treatment (protocol), document the course and results, and promote continuity of care among health care professionals.
 - **Abbreviations are not permitted under the headings "Clinical Diagnoses" or "Operations/Procedures & Date Performed."**
2. Print your name clearly and affix your signature and date at the bottom of the form.
3. If more space is required, check the "Continued" box in the upper right-hand corner and continue documentation on the NIH-532-12 Outpatient First Registration Progress Notes (Continuation) form.
4. Remove the "NIH Physician/Institute" copy for your records.

If you have any questions regarding the use of this form, or obtaining additional forms, call the Medical Record Department at 496-2292.

Visit Date		Protocol Number	
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History & Physical Examination & Significant Findings (address the following subheadings as relevant): •family history •psychosocial history •medical history •current medications •transfusions •drug reactions •allergies •hypersensitivities •lab tests •other	
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Clinical Diagnoses (No Abbreviations)	1.		4.	
	2.		5.	
	3.		6.	

Plan of Evaluation	
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Operations/Procedures & Dates Performed (Enter "NONE" if None)	
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Instructions to Patient & Disposition: •diet •medications •physical activity limitations •follow-up arrangements/plans	
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PATIENT NOT ACCEPTED FOR PROTOCOL, NO FURTHER FOLLOW-UP

Primary Physician	Physician Signature	Date
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