

HEADER/FOOTER FORMAT FOR TRANSCRIBED REPORTS
VA Nebraska-Western Iowa Health Care System

These are general formats – please transcribe as the physician dictates.
Lists should be in numerical sequence. Discharge summaries MUST include the
Reminder & Discharge Time statements.

DISCHARGE SUMMARIES FORMAT:

FINAL DIAGNOSIS:

- Reminder to update problem list with all inpatient diagnosis.

OPERATIONS AND PROCEDURES:

HISTORY OF PRESENT ILLNESS AND REASON FOR ADMISSION:

PHYSICAL EXAMINATION:

LABORATORY AND X-RAY DATA:

HOSPITAL COURSE:

DISCHARGE INSTRUCTIONS:

CONDITION ON DISCHARGE:

DISCHARGE TIME: I spent *-* minutes on discharge day activities
including final examination of patient, discussion of the hospital stay,
instruction for continuation of care of the patient and preparation of
discharge records including prescriptions and referral forms.

T: date/company name/note identifier #

OPERATION REPORTS DONE IN OR:

ATTENDING SURGEON:

ASSISTING RESIDENTS:

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

TYPE OF ANESTHESIA:

BLOOD LOSS:

OPERATIVE PROCEDURE:

DESCRIPTION/TECHNIQUE AND FINDINGS:

T: date/company name/note identifier #

CONSULTATIONS:

DATE OF CONSULTATION

NAME OF REFERRING PHYSICIAN/SERVICE

NAME OF CONSULTING PHYSICIAN/SERVICE

REVIEW OF PATIENT RECORD

PHYSICAL FINDINGS

IMPRESSION
RECOMMENDATIONS/PLAN

T: date/company name/note identifier #

PROGRESS NOTES: SOAP

SUBJECTIVE:
OBJECTIVE:
ASSESSMENT:
PLAN:

T: date/company name/note identifier #

COMPENSATION & PENSION REPORTS:

As dictated.

T: date/company name/note identifier #

PROCEDURE REPORTS (not done in OR)

As dictated (generally follows Operation Report format).

T: date/company name/note identifier #
