1. **At the Doorway**
   - Before knocking on the door, take 10-seconds to write down on your blank sheet the following categories as a reminder as you go through your history taking that you covered each section:
     - **CC:**
     - **HPI:**
     - O
     - L
     - D
     - C
     - A
     - R
     - T
     - S
     - Patient's Perspective:
     - Allergies:
     - Medications:
     - PMH:
     - FMH:
     - SH:
     - ROS: (Think Head to Toe)
   - Look at the chief complaint and mentally go over the major organ systems and pivotal points that may be included in the differential. This will help to prepare your line of questioning and focus your exam.
     - For example: CC: Cough
       - Organ Systems → Respiratory vs CV vs GI
       - Pivotal Points → Fever or no fever; Acute or chronic
   - Take a deep breath, knock, and enter the room.

2. **History Taking Tips**
   - SMILE and pleasantly greet the patient
   - Make eye contact and listen while they talk.
   - Always ask the patient how they feel their illness is affecting their life (patient’s perspective)
   - Remember to look at the categories you jotted down on your sheet to make sure you asked all the questions
   - If you feel you are running out of time, consider asking ROS questions as you examine the patient.
   - Be aware to not use too much “medical jargon”.

3. **Physical Exam Tips**
   - WASH your hands!!!
   - Exam needs to be done on the skin (i.e. Auscultating the lungs and heart)
   - Remember to respectfully ask the patient to lower his/her gown to prepare for exams.
   - Always talk before you touch...telling the patient what you are examining next.

4. **Documentation/Note-Writing Tips**
   - Review your notes and make sure you write them in your final note. If you asked during the encounter, but you didn't document the info in your note, it's like it never happened.
   - Write the HPI in a narrative form always identifying the patient.
     - Example: Ms. X is a 52 year old female presents with cough for 3 weeks. She noticed symptoms beginning about 3 weeks ago. She feels her cough is starting in her chest area. Symptoms have gotten worse over the 3 weeks duration. The cough is productive with a yellowish sputum and worse at night when she lies down. There is no blood in the sputum that she has seen. The cough is relieved with cough drops only temporarily. She denies any fevers, chills, sinus congestion or nasal drainage, shortness of breath, chest pain, heartburn, reflux, nausea, vomiting, or weight changes. She is more fatigued than usual since she cannot sleep due to the cough. She is most concerned about being contagious because she has a new grandchild.
   - Other categories do not need to be written in narrative form.
   - Think organ system based when you write your differential.