

STUDENT NAME:

CHIEF COMPLAINT:	MR NUMBER:
Abdominal pain	
Acute Coronary Syndrome / Chest pain	
Asthma / Shortness of Breath	
Diabetic Ketoacidosis / Hyperglycemia	
Headache	
Laceration	
Orthopedic Injury	
Pediatric Fever	
Traumatic Injury	
Vaginal Bleeding	

You must see at least one patient with each chief complaint during your month.
LOG it and turn in at the end of the month to the clerkship coordinator.