

10 Consultation Notes to Save YOU Time!

www.gphangout.co.uk

Hello!

As a GP, we can often be dealing with 50+ patient contacts a day, including actual patient appointments, plus e-consultations, labs, scripts, docman etc. The worst thing is when your already running late by an hour, and you don't even have time to finish your notes.

Here are 10 consultation notes, to save you TIME. Just copy and paste, edit as you need and voila, done! Great for times when your mind is already frazzled and you can no longer think straight and in need of a reminder/template.

Just don't forget to check every red flag documented, with the patient.

Does this help? Would you like to see more? Get in touch with me and let me know!

1. HRT

History

Main sx – hot flushes, night sweats, sleep disturbance, vaginal dryness, urinary problems, loss of libido, mood changes, cognitive disturbances

No hx of breast cancer/undiagnosed vaginal bleeding/uncontrolled htn/vte/thrombophilic disorder/liver disease/migraines with aura

Smoking/alcohol status

Exam

Height/weight/BP

Plan – discussed options: HRT, CBT/counselling, SSRIs

Discussed small increase risk in breast cancer, VTE, CVD, stroke. Irregular bleeding may occur in first 3-6m

Explained pros and cons – improvement in sx, bone/cardiovascular protection vs side effects

Uterus in situ, sexually active, contraception required

Discussed options for HRT – estrogen only pill/patch/gel + mirena coil, advised other IUS not licensed for endometrial protection, otherwise can have sequential combined HRT (pill/patch) + POP.

Uterus in situ, sexually active, contraception not required, amenorrhea >1yr

Discussed options for HRT – continuous combined pill/patch or estrogen only pill/patch with IUS/oral progesterone

2. Osteoporosis

History

See DEXA scan results- compared, to previous scan
No prev osteoporotic fragility fracture, no hx of falls
No current/frequent use of oral steroids
No loss of height/stooping forward
No diabetes/RA/COPD/GI
No reflux/esophagitis/achalasia/strictures
LMP if woman
Smoking/alcohol status

Exam

Height/weight/BMI

Plan

Imp – osteoporosis
Explained thinning of bones → increased risk of fractures
Counselled re alendronic acid, bone protection – take with large glass of water AM, 70mg OW (10mg OD in males), while upright to reduce risk of reflux/esophagitis, avoid food 1hr before, 2hrs after
Discussed side effects – reflux, heartburn, GI upset
Annual dental check ups for jaw osteonecrosis
Lifestyle – smoking cessation, reduce alcohol, daily exercise, high calcium foods
Clear safety-netting – if jaw pain, chest pain, heartburn, dysphagia seek help asap

3. Baby 6 week Check

History

Seen with mum, 6-8 week baby check

Delivery details, born at term, no issues in pregnancy, during birth or postnatal

No NICU stay

Feeding well, breastfeeding

No concerns with weight gain, no other problems/issues

Sleeping patterns

No issues with newborn hearing screen/heel prick

No Fhx of congenital problems

No smokers in house

Lives at home with other siblings

Exam

Weight, head circumference

Resp rate, heart rate

Generally looks well, no pallor/jaundice/cyanosis.
No bruising/birthmarks

No obv dysmorphic features

Normal posture/tone

Anterior/posterior fontanelles normal, ears normal,
normal fundal reflexes both eyes

No clefts of palate, normal tongue, gums, no
tongue tie

3. Baby check cont.

Exam continued

No neck lumps

Normal fingers/palm, 4 fingers & thumb b/l

No chest wall abnormalities, normal lung sounds, normal heart sounds

No abdominal distension/lumps, no organomegaly

Normal genitalia, descended testes

Normal lower limbs, tone, 5 toes b/l, normal fem pulses

Normal Barlow/Ortolani's tests

No scoliosis/hair tufts/birthmarks on back/spine

Normal anal patency

Normal palmar grasp/sucking reflex/moro

Plan

Normal baby check

Documented in red book

For maternal check

Imms at 2m, 3m, 4m

Address any other concerns

4. Febrile Child

History

3/7 fever and sore throat

Temps at home –

Responding to calpol/ibuprofen, last had ?

No DIB/SOB/wheeze/complaints of chest pain

PU no dysuria/offensive smell

E&D, reduced appetite

No rashes

No sensitivity to light/complaints of neck stiffness

Not their self, clingy, sleeping more

Exam

Temp/RR/HR/Cap refill/Sats

Looks well, no pallor/cyanosis. No obv DIB/SOB

Good skin turgor

Chest clear, hs normal, no cerv LNs. Ears NAD, tm seen both sides, not red and not bulging. Throat NAD no tonsillitis

No rashes

Plan

Imp – URTI

Advised to cautiously monitor in next 24hrs

Rest, ensure hydration, calpol as needed, encourage food

Delayed antibiotics – if worsening fever/symptoms/sore throat/exudate on tonsils, for antibiotics if needed

Safetynetted – if worsening fever despite calpol/ibuprofen, or dib/intercostal recession/wheezing or generally unwell/not pu/rash tcb or call 111 for advice. If unresponsive or very unwell to go to A&E

5. Vertigo

History

1 week hx of dizziness, room spinning around

Gradual onset, intermittent, lasts for 5-10 mins

Triggers – moving head in bed, getting out of bed, on movement

No URTI sx before onset

No vision disturbance, no diplopia, no dysarthria/numbness, no dysphagia

No balance problems/weakness in limbs

No presyncopal sx, no chest pain, no palpitations, no nausea

No hearing loss/ear discharge/tinnitus/headaches

No hx of migraines

Job/driving status

Exam

BP, lying and standing, HR

Cranial nerves normal, no cerebellar signs, no nystagmus, fundoscopy NAD

Ears – TM normal b/l

HINTS normal

HS normal, no murmurs

5. Vertigo cont.

Plan

Likely BPPV

Can trial betahistine 8mg TDS when symptomatic


Avoid driving when dizzy

Sit up slowly, turn head slowly

Trial of Brandt Daroff exercises

If any red flags as above – vision, weakness, vomiting, hearing loss, headaches etc, seek help as needed

To return if worsening/not improving/impact on life



6. Chronic Migraines

History

1 week hx of unilateral pulsating headaches

Recurring, occurs every other week

Gradual onset, better at night/sleep but comes back next day

Better in dark room

No aura, no visual symptoms

No focal motor weakness

No balance problems/incoordination

No new neck stiffness/photosensitivity

Not worse on lying down, no early morning wakening/night pain

No fevers, no rash

No slurred speech

Not on COC

Smoking/alcohol/lifestyle/mood/stress

Exam

BP, pulse, temp

Fundoscopy NAD, PEARLA, fields normal

No nystagmus/diplopia, normal facial movements, sensation, no obv asymmetry

Normal tone, power in upper and lower limbs

Normal finger nose test, no dysdiadokinesis, normal gait

6. Migraines cont

Plan

Imp – migraines

Headache diary

Address triggers, sleep hygiene, reg meals


Analgesia discussed – paracetamol, ibuprofen, triptan

Also discussed prophylactic medications – can try propranolol (no asthma), amitriptyline or topiramate

Discussed options, opted for paracetamol/triptan, explained how to take, repeat triptan after 2hrs if ineffective

Advised triptan can cause nausea, if happens, to let us know

If any red flags above, to seek help asap



7. COC

History

Wants to start COC

Has never tried any other prev contraception

Sexually active, using barrier contraception only

LMP - ?

Regular cycles, bleeds for 5 days, no IMB/PCB

No prev hx of DVT/PE/breast Ca/migraine with aura

No hx of
diabetes/htn/cholesterol/autoimmune/liver/gallbladder problems

No Fhx of VTE/BRCA +ve breast Ca

Non-smoker

Exam

Height/weight/BP



7. COC cont.

Plan

Start microgynon, explained how to take, same time daily

If starting D1-5 of cycle, protected against pregnancy, if after, needs to use condoms 7 days

Missed pill rules explained – if missed 1 pill, take as soon as remember, if missed 2 pills or 48hrs late, take pill asap, contact doctor for advice

Discussed risks – small increased risk of breast/cervical ca, stroke, dvt, reduced risk of ovarian/endometrial ca, does not protect against STI

Discussed side effects – hormonal: breakthrough bleeds/wt/mood swings/acne/headaches/breast tenderness

Recheck BP in 6m, then can issue 1yr of tablets

Safetynetted if missed pill/calf swelling/sob/chest pain/haemoptysis to seek help asap

8. New T2DM

History

New T2DM, Hba1c - ? with symptoms or 2 x Hba1c readings without symptoms

Never been pre-diabetic before

No cvs/cholesterol/BP

No Fhx of diabetes

Non-smoker

Does not drink alcohol

No recent change in diet/exercise/lifestyle

Exam

Height/weight/BP/CVS

Plan

Discussed options – trial of lifestyle modifications/medications

Opted for medications – start metformin 500mg OD, increase to BD after 2 week if tolerating. After 3 weeks increase to 500mg AM and 1g evening, then after 4 weeks, increase to 1g BD

Recheck Hba1c 3-6m time

Urine ACR

Discussed possible lifestyle changes – diet, exercise

High fibre low GI foods discussed

Advised of longterm complications – cvs/stroke/kidneys/eyes/feet

Yearly flu vaccine, one off pneumococcal vaccine

For diabetic nurse check/retina/foot check

9. Paeds ADHD

History

Seen with parents

Last few years, noticed inattention

Difficulty concentrating on set tasks, makes silly mistakes, not always completing tasks

Hyperactive, impulsive symptoms, rarely sits down

Talks excessively, trouble waiting their turn, often interrupts other conversations/play

Sx present at home and school

Concerns noted by teachers re work

Denies depression/feeling
low/anxious/DSH/suicidal thoughts

Normal developmental milestones

Exam

Height/weight/BP/CVS

Plan

Refer to CAMHS

Avoid sugary drinks/food/caffeine

Fresh air/exercise encouraged

Address any further concerns

10. Suspected Asthma

History

Persistent dry cough, worse at night

Some chest tightness/wheeze, esp at night

Worse on exertion/exercise/cold weather

No prev hx of asthma, never been on inhalers

No prev itx/hospital admissions with asthma

No sputum production/ fevers/haemoptysis

No calf swelling/pleuritic chest pain

Has Fhx of atopy

Does not smoke

Exam

Chest clear, no creps/wheeze, HS normal, no added sounds

RR/Sats/HR

Plan

Peak flow readings AM/PM for 2 weeks

Start Ventolin plus spacer, link sent to patient on how to use

If using more than x3 weekly, seek help/FU with asthma nurse as likely will need to start clenil and repeat peak flow readings

Baseline CXR

If wheezing/Ventolin not helping/severe sob/dib/difficulty speaking, seek help asap 111/999 if needed

Join the Community

For more support, communication and advice,
join our free Facebook group just for GPs
looking for time-saving tips, inspiration and
someone just to talk to.

[JOIN HERE](#)