Text in grey: Please fill in and use these suggestions if possible.

Text in Yellow: Instructions

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| --- |
| **Case** |
| *A ..-years old patient comes to your practice…**A ..-years old patient is admitted to hospital…**Only relevant information* |
| **Physical examination** |
| *Only if necessary* Only relevant findings (so if extremities for example does not matter, remove it)*Vital parameters: Blood pressure … mmHg, pulse rate: …/min regular, respiratory rate …/min oxygen saturation …%, temperature: … °C**Lungs:**Heart:**Abdomen:**Extremities:* *Weight:* *No abnormal findings were found by further physical examination* |
| **Medical history** |
| *Since … days/weeks/months/years: disease/disorder/event* *… Days/weeks/months/years ago: disease/disorder/event**Please order from old to more recently* |
| **Medication** |
| *Drug name, dose with unit, route, frequency* *Please order it alphabetically**For drugs and frequencies, see attachment drug list.*  |
| **Laboratory results** |
| *Only if necessary* *Measurement, value with unit (references: …)**Units both in mg/dL and mmol/L* *No other abnormal findings were found.* |
| **Additional tests** |
| *Only if necessary* *No abnormal findings* |
| **Question** |
| Select the … drugs that are MOST likely to be contributing toORWhich of the following drugs is MOST likely the cause of his complaints? |
| **Answer options** |
| … |
| **Answer** |
|  |