

**BSU School of Nursing  
Patient Contact Log**

Student Name \_\_\_\_\_ Course # \_\_\_\_\_ Semester \_\_\_\_\_

Date	Patient ID	Sex/ Age	Reason for Visit/ Chief Concern	Type of H&P *	Diagnoses & ICD Codes	Procedures & Lab Tests done in Office CPT Codes	Plan of Care Medications / Treatments / Education / Referrals	SP **

\* Type of H & P

- 1 = Problem Focused
- 2 = Expanded Problem Focused
- 3 = Detailed
- 4 = Comprehensive

\*\*Student Participation (SP)

- 1 = Observation only
- 2 = History and Physical Exam
- 3 = History, Exam, Diagnosis
- 4 = History, Exam, Diagnosis, Management