MSUCOM Osteopathic Manipulative Medicine Observed Encounter Form

Student Name: ___________________________________________     Year: □ OMS 3 □ OMS 4

Date of Encounter: __________________________       Encounter Number: □ 1 □ 2 □ 3 □ 4

Indication for OMM: □ Osteopathic screening exam □ Patient complaint □ Other

Please print legibly. Do not include patient name or medical record number.

Subjective: document patient complaints and relevant history (location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms)

Objective: Must include all appropriate systems relative to the chief complaint. Must include documentation of relative somatic dysfunction, within the musculoskeletal system and alongside the other musculoskeletal examination and findings. Somatic dysfunction must be appropriately/fully defined and consistent with the chief complaint. Use TART to document findings.

Assessment: Must include principle diagnoses, including pertinent somatic dysfunction.

Plan: Include the use of OMT (for the somatic dysfunctions documented in the assessment), regions treated, and techniques/modalities used, appropriate follow up and OMT treatment statement

Student Attestation: By signing below, I attest to the accuracy of this documentation.

Student Signature ___________________________________________  Date ______________

Supervising Physician Attestation: I observed the student’s performance of OMM.

Supervising Physician Signature _____________________________________  Date ______________