

Appt Time: \_\_\_\_\_ New/Established Office Visit/Workman's Comp/Consultation Referring MD: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Acct #: \_\_\_\_\_

CC: \_\_\_\_\_ Allergies: \_\_\_\_\_

HPI<sup>(1-3) (1-3) (4) (4)</sup>

<b>Location</b>	<b>Associated Signs &amp; Symptoms</b>	<b>Description</b> <input type="checkbox"/> See HMR
<b>Context</b>	<b>Modifying Factors</b>	
<b>Severity</b> Mild – Moderate – Severe 0 1 2 3 4 5 6 7 8 9 10	<b>Duration</b> 1 2 3 4 5 6 7 8 9 10 H/D/W/M/Y	

ROS<sup>(0)(1)(2-9)(10)</sup>

NEG	System	Circled=Positive	Strikethrough = Negative		
	<b>Const</b>	Fever	Chills	Nausea	Fatigue
	<b>Eyes</b>	Itchy	Blurry	Vision Δ's	Pain
	<b>ENT</b>	Earache	Rhinorrhea	Sinus Pain	Sore Throat
	<b>CV</b>	Chest Pain	Edema	Palpitations	Pressure
	<b>Resp</b>	Cough	SOB	Sputum	Wheezing
	<b>GI</b>	Constipation	Diarrhea	Bleeding	Abd Pain
	<b>Urinary</b>	Frequency	Dysuria	Leaking	Blood
	<b>Genital</b>	ED	Lesions	Mestration Δ's	Discharge
	<b>MS</b>	Pain	Weakness	Stiffness	Swelling
	<b>Skin</b>	Rash	Hives	Itching	Mole Δ's
	<b>Neuro</b>	Headache	Dizziness	Weakness	Sensory Δ's
	<b>Psych</b>	Depression	Anxiety	Hallucinations	Emotional Δ's
	<b>Endo</b>	Hot Flashes	Thirsty	Hungry	Weight Δ's
	<b>Heme/Lymph</b>	Bruising	Bleeding	Glands	Anemia
	<b>All/Imm</b>	Allergies	Asthma	Sneezing	Joint Swelling
<b>Other</b>					

**Additional Hx** <sup>(0)(0)(1)(1 Complete)</sup>

**PMHx:** HTN DM Asthma COPD CAD MI CVA CRF  
Thyroid Lipids GERD Arthritis Anemia Allergies  
Cancer

**PSHx:** Appy Chole Hyst T onsils TM-Tubes Thyroid  
Cataract Sinus Stent CABG Valve Pacemaker  
Colon Bladder Joint

**FHx:** HTN DM Asthma COPD CAD MI CVA CRF  
Thyroid Lipids GERD Arthritis Anemia Allergies  
Cancer

**Shx:** Tob \_\_\_\_\_ PPD EtOH Y/N Drugs  
M/S/D/W Code Status: Full/DNI/DNR  
Living Will Y/N MPOA Y/N FT/PT/Ret/Downsized  
Children Y/N

**Office Labs**

Strep: Pos/Neg  
βHCG: Pos/Neg  
Glucose



HgA<sub>1c</sub>

MicroAlbumin

U/A: Glu +/- Bil +/- Ket +/- Bld +/- Pro +/- Nit +/- Leu +/-

**Meds**

HPI<sup>(1 body system) (1 body system plus related) (Extended exam and related)(Complete single-system or complete multisystem)</sup>

Key: Circled=Norm ~~Strikethrough = Abn~~

<b>VS</b> <sup>(3)</sup> T:	<b>HR</b>	<b>RR</b>	<b>BP</b>	<b>HT</b>	<b>WT</b>	<b>O<sub>2</sub>Sat</b>	<b>Health Care Maintenance</b>
<b>GEN</b>	<b>Provider's Notes</b>						Pap Smear
<b>Eyes</b>	<input type="checkbox"/> Chart Reviewed						Mammogram
<b>ENT</b>							Colon Cancer
<b>Neck</b>							PSA
<b>Lymph</b>							<b>Labs / Fasting</b>
<b>Cardiovascular</b>							<b>Studies</b>
<b>Respiratory</b>							<b>Referrals</b>
<b>Abdomen</b>							<b>Patient Ed</b>
<b>Male GU</b>							<b>Follow Up Appt:</b>
<b>Female GU</b>							
<b>Rectal</b>							
<b>Musculoskeletal</b>							
<b>Skin</b>							
<b>Neuro/Psych</b>							

