

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

Name: _____ DOB: _____ Acct #: _____

CC: _____ Allergies: _____

HPI (1-3) (1-3) (4) (4)

Location	Associated Signs & Symptoms	Description	<input type="checkbox"/> HMR Completed
Context	Modifying Factors		<input type="checkbox"/> 360 Completed
Severity Mild – Moderate – Severe 0 1 2 3 4 5 6 7 8 9 10	Duration 1 2 3 4 5 6 7 8 9 10 H/D/W/M/Y		

ROS (0)(1)(2-9)(10)

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

Additional Hx (0)(0)(1)(1 Complete)

PMHXHTN DM Asthma COPD CAD MI CVA CRF
Thyroid Lipids GERD Arthritis Anemia Allergies
Cancer

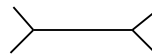
PSHxAppy Chole Hyst T onsil TM-Tubes Thyroid
Cataract Sinus Stent CABG Valve Pacemaker
Colon Bladder Joint

FHxHTN DM Asthma COPD CAD MI CVA CRF
Thyroid Lipids GERD Arthritis Anemia Allergies
Cancer

Shx:Tob _____ PPDEIOH 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



HgA₁C

MicroAlbumin

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

Meds

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

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

VS (3) T: _____ HR _____ RR _____ BP _____ HT _____ WT _____ O₂Sat _____

GEN Well Dev Well Nourished
No Distress Pleasant

Eyes Pupils Conjunctiva
Optic Disc Fundi

ENT Auricles Canals
TMs Hearing
External Nose Nasal Mucosa
Lips Teeth/Gums
Tonsils Oropharynx

Neck Supple ROM
Thyroid Bruits

Lymph Head Neck
Axilla Groin

Cardiovascular Rate Rhythm
Auscultation PMI
Edema Pulses

Respiratory Effort Auscultation
Percussion Splinting

Abdomen Soft Painless
Distention Masses
Organ Size Hernias

Male GU Penis Testes
Scrotum Prostate

Female GU External Urethra
Vagina Cervix
Adnexa Uterus
RectoVag Breast

Rectal Vault Hemorrhoids
Masses Guiac

Musculoskeletal Gait/Station Digits/Nails
ROM Neck ROM Spine
ROM UE ROM LE
Painless Swelling
Strength Symmetrical

Skin Rash Atypical Moles
Bruising Trauma

Neuro/Psych Alert Oriented
Affect CN II-XII
UE DTRs LE DTRs
Sensation Memory

Provider's Notes

Chart Reviewed

Consultants

Health Care Maintenance

Pap Smear

Mammogram

Colon Cancer

PSA

Labs / Fasting

U/A CBC

BMP CMP

HgA₁C TSH

PSA Lipids

Culture

Other

Studies

EKG Holter

Stress Test Echo

Peak Flow Spirometry

Flex Sig Colonoscopy

Mammo DEXA

Ultrasound

XRAY

CT

MRI

Other:

Referrals

Nutrition Diab Ed

PT OT

Soc. Work Counseling

Opho Sleep Study

CV/Pulm Rehab

Specialist:

Other:

Patient Ed

Disease Meds

Follow Up Signs&Sxs

Diet Exercise

Lifestyle Δ's

Follow Up Appt:

_____ Day/Week/Mo

PRN

Handwritten / Dictated

Visit Date:
