

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

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

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

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

<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<sub>(0)(1)(2-9)(10)</sub>

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	Menstration 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<sub>(0)(0)(1)(1 Complete)</sub>

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

PSHx: Apsy Chole Hyst T onsilis 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<sub>(1 body system) (1 body system plus related) (Extended exam and related)(Complete single-system or complete multisystem)</sub>

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

<b>VS</b> <sub>(3)</sub> T:	HR	RR	BP	HT	WT	O <sub>2</sub> Sat	<b>Health Care Maintenance</b>
<b>GEN</b> Well Dev No Distress	Well Nourished Pleasant	<b>Provider's Notes</b>				<input type="checkbox"/> Chart Reviewed	Pap Smear
<b>Eyes</b> Pupils Optic Disc	Conjunctiva Fundi						Mammogram
<b>ENT</b> Auricles TMs External Nose Lips Tonsils	Canals Hearing Nasal Mucosa Teeth/Gums Oropharynx						Colon Cancer
<b>Neck</b> Supple Thyroid	ROM Bruits						PSA
<b>Lymph</b> Head Axilla	Neck Groin						<b>Labs / Fasting</b>
<b>Cardiovascular</b> Rate Auscultation Edema	Rhythm PMI Pulses						U/A BMP HgA <sub>1c</sub> PSA Culture Other
<b>Respiratory</b> Effort Percussion	Auscultation Splinting						<b>Studies</b>
<b>Abdomen</b> Soft Distention Organ Size	Painless Masses Hernias						EKG Stress Test Peak Flow Flex Sig Mammo Ultrasound XRAY CT MRI Other:
<b>Male GU</b> Penis Scrotum	Testes Prostate						<b>Referrals</b>
<b>Female GU</b> External Vagina Adnexa RectoVag	Urethra Cervix Uterus Breast						Nutrition PT Soc. Work Optho CV/Pulm Rehab Specialist:
<b>Rectal</b> Vault Masses	Hemorrhoids Guiac						Diab Ed OT Counseling Sleep Study
<b>Musculoskeletal</b> Gait/Station ROM Neck ROM UE Painless Strength	Digits/Nails ROM Spine ROM LE Swelling Symmetrical						CV/Pulm Rehab Specialist:
<b>Skin</b> Rash Bruising	Atypical Moles Trauma						Other:
<b>Neuro/Psych</b> Alert Affect UE DTRs Sensation	Oriented CN II-XII LE DTRs Memory						<b>Patient Ed</b>
							Disease Follow Up Diet Lifestyle Δ's
							<b>Follow Up Appt:</b>
							_____ Day/Week/Mo
							PRN
							<b>Handwritten / Dictated</b>
							Visit
							Date: _____

