

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"/> See HMR
Context	Modifying Factors		
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	Menstration Δ's	Discharge
	MS	Pain	Weakness	Stiffness	Swelling
	Skin	Rash	Hives	Itching	Mole Δ's
	Neuro	Headache	Dizziness	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)}

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



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	O ₂ Sat	Health Care Maintenance
GEN Well Dev No Distress	Well Nourished Pleasant	Provider's Notes <input type="checkbox"/> Chart Reviewed					Pap Smear
Eyes Pupils Optic Disc	Conjunctiva Fundi						Mammogram
ENT Auricles TMs External Nose Lips Tonsils	Canals Hearing Nasal Mucosa Teeth/Gums Oropharynx						Colon Cancer
Neck Supple Thyroid	ROM Bruits						PSA
Lymph Head Axilla	Neck Groin						Labs / Fasting U/A CBC BMP CMP HgA ₁ C TSH PSA Lipids Culture Other
Cardiovascular Rate Auscultation Edema	Rhythm PMI Pulses						Studies EKG Holter Stress Test Echo Peak Flow Spirometry Flex Sig Colonoscopy Mammo DEXA Ultrasound XRAY CT MRI Other:
Respiratory Effort Percussion	Auscultation Splinting						Referrals Nutrition Diab Ed PT OT Soc. Work Counseling Optho Sleep Study CV/Pulm Rehab Specialist:
Abdomen Soft Distention Organ Size	Painless Masses Hernias						Other:
Male GU Penis Scrotum	Testes Prostate						Patient Ed Disease Meds Follow Up Signs&Sxs Diet Exercise Lifestyle Δ's
Female GU External Vagina Adnexa RectoVag	Urethra Cervix Uterus Breast						Follow Up Appt: _____ Day/Week/Mo PRN
Rectal Vault Masses	Hemorrhoids Guiac						Handwritten / Dictated
Musculoskeletal Gait/Station ROM Neck ROM UE Painless Strength	Digits/Nails ROM Spine ROM LE Swelling Symmetrical						Visit Date: _____
Skin Rash Bruising	Atypical Moles Trauma						Valentine
Neuro/Psych Alert Affect UE DTRs Sensation	Oriented CN II-XII LE DTRs Memory						

