

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 <input type="checkbox"/> 360 Completed
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

HgA_{1c}

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 Mammogram Colon Cancer PSA
Eyes Pupils Optic Disc	Conjunctiva Fundi							Labs / Fasting U/A CBC BMP CMP HgA _{1c} TSH PSA Lipids Culture Other
ENT Auricles TMs External Nose Lips Tonsils	Canals Hearing Nasal Mucosa Teeth/Gums Oropharynx							Studies EKG Holter Stress Test Echo Peak Flow Spirometry Flex Sig Colonoscopy Mammo DEXA Ultrasound XRAY CT MRI Other:
Neck Supple Thyroid	ROM Bruits							Referrals Nutrition Diab Ed PT OT Soc. Work Counseling Optho Sleep Study CV/Pulm Rehab Specialist: Other:
Lymph Head Axilla	Neck Groin							Patient Ed Disease Meds Follow Up Signs&Sxs Diet Exercise Lifestyle Δ's
Cardiovascular Rate Auscultation Edema	Rhythm PMI Pulses							Follow Up Appt: _____ Day/Week/Mo PRN
Respiratory Effort Percussion	Auscultation Splinting							Handwritten / Dictated Visit Date: _____
Abdomen Soft Distention Organ Size	Painless Masses Hernias							Valentine
Male GU Penis Scrotum	Testes Prostate							
Female GU External Vagina Adnexa RectoVag	Urethra Cervix Uterus Breast							
Rectal Vault Masses	Hemorrhoids Guiac							
Musculoskeletal Gait/Station ROM Neck ROM UE Painless Strength	Digits/Nails ROM Spine ROM LE Swelling Symmetrical							
Skin Rash Bruising	Atypical Moles Trauma							
Neuro/Psych Alert Affect UE DTRs Sensation	Oriented CN II-XII LE DTRs Memory							

