

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

Name: _____ DOB: _____ Acct #: _____

CC: _____ Allergies: _____

HPI^{(1-3) (1-3) (4) (4)}

Location	Associated Signs & Symptoms	Description
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 _____ O₂Sat _____ Health Care Maintenance

GEN Well Dev Well Nourished
No Distress Pleasant

Provider's Notes

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

Pap Smear

Mammogram

Colon Cancer

PSA

Labs / Fasting

U/A CBC
BMP CMP
HgA_{1c} 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
Opth 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

Signature

Handwritten / Dictated

