

Date: \_\_\_\_\_ New/Established Office Visit/Workman's Comp/Consultation Carver/Dixon/Newman/Valentine

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

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

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

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

NEG	System	Circled=Positive			
	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<sub>(0)(0)(1)(1 Complete)</sub>

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

PSHx: Appy Chole Hyst Tonsils 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 \_\_\_ DPW Drugs \_\_\_\_\_ M/S/D/W Code Status: Full/DNI/DNR/ \_\_\_\_\_ Living Will Y/N MPOA Y/N FT/PT/Ret/Downsized Children Y/N # \_\_\_\_\_

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

**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 Guaiac

**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

**Office Labs**

Glucose: Rapid Strep: Pos/Neg Urine Preg: Pos/Neg  
HGA<sub>1</sub>C: CBC  
MicroAlb:  
Urinalysis: SG: pH: Uro:  
Glu +/- Bil +/- Ket +/- Bld +/- Pro +/- Nit +/- Leu +/-

**VITALS<sub>(3)</sub> T: HR RR BP HT WT O<sub>2</sub>Sat**

**Provider's Notes**

**Labs**  
U/A CBC  
BMP CMP  
HgA<sub>1</sub>C TSH  
Lipids PSA  
Culture  
Other

**Fasting Labs**  
BMP CMP  
Lipids CBC  
TSH PSA  
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

Signature

Handwritten / Dictated

