

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>

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	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
	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: 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>1</sub>C

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

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

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

Health Care Maintenance

Pap Smear

Mammogram

Colon Cancer

PSA

Labs / Fasting

U/A CBC  
BMP CMP  
HgA<sub>1</sub>C 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

Handwritten / Dictated

Newman Date: \_\_\_\_\_

