

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
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
	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

<p>VS₍₃₎ T:</p> <p>HR RR BP HT WT O₂Sat</p> <p>GEN Well Dev No Distress</p> <p>Eyes Pupils Optic Disc</p> <p>ENT Auricles TMs External Nose Lips Tonsils</p> <p>Neck Supple Thyroid</p> <p>Lymph Head Axilla</p> <p>Cardiovascular Rate Auscultation Edema</p> <p>Respiratory Effort Percussion</p> <p>Abdomen Soft Distention Organ Size</p> <p>Male GU Penis Scrotum</p> <p>Female GU External Vagina Adnexa RectoVag</p> <p>Rectal Vault Masses</p> <p>Musculoskeletal Gait/Station ROM Neck ROM UE Painless Strength</p> <p>Skin Rash Bruising</p> <p>Neuro/Psych Alert Affect UE DTRs Sensation</p>	<p>Provider's Notes</p> <p>Well Nourished Pleasant</p> <p>Canals Hearing Nasal Mucosa Teeth/Gums Oropharynx</p> <p>ROM Bruits</p> <p>Neck Groin</p> <p>Rhythm PMI Pulses</p> <p>Auscultation Splinting</p> <p>Painless Masses Hernias</p> <p>Testes Prostate</p> <p>Urethra Cervix Uterus Breast</p> <p>Hemorrhoids Guiac</p> <p>Digits/Nails ROM Spine ROM LE Swelling Symmetrical</p> <p>Atypical Moles Trauma</p> <p>Oriented CN II-XII LE DTRs Memory</p>	<p>Health Care Maintenance Pap Smear Mammogram Colon Cancer PSA</p> <p>Labs / Fasting U/A CBC BMP CMP HgA₁C TSH PSA Lipids Culture Other</p> <p>Studies EKG Holter Stress Test Echo Peak Flow Spirometry Flex Sig Colonoscopy Mammo DEXA Ultrasound XRAY CT MRI Other:</p> <p>Referrals Nutrition Diab Ed PT OT Soc. Work Counseling Optho Sleep Study CV/Pulm Rehab Specialist:</p> <p>Other:</p> <p>Patient Ed Disease Meds Follow Up Signs&Sxs Diet Exercise Lifestyle Δ's</p> <p>Follow Up Appt: _____ Day/Week/Mo PRN</p>	<p>Handwritten / Dictated</p> <p>Visit Date: _____</p> <p>Dixon</p>
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