History of Present Illness (location, severity, timing, quality, duration, context, modifying factors, associated S/S)

E

Prior Tx:

E

N

T

Cough

F C S N/V HA D A/F U/BM R Exp LMP

ROS	N	AB
Constitutional	☐	☐
Eyes	☐	☐
ENT	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
MSKL	☐	☐
Skin / Breast	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endocrine	☐	☐
Heme / Lymph	☐	☐
Allergic	☐	☐

Test

___ ☐ RA Pulse OX ____
___ ☐ Strep Test
___ ☐ Oto/Tymp
___ ☐ Flu Test
___ ☐ Depo 80 mg
___ ☐ EKG
___ ☐ UA
___ ☐ Urine C/S
___ ☐ Urine HCG
___ ☐ Accu Check
___ ☐ CBC
___ ☐ CMP
___ ☐ TSH
___ ☐ Lipids
___ ☐ Vit D OH-25

Plan

Rx: ☐ Call In ☐ Written ☐ Electronic

Impression / Diagnosis

1.
2.
3.
4.
5.

☐ >50% time counseling or coordinating care
Total visit time: ☐ 30 min ☐ 45 min

☐ Increase water and rest ☐ OTC Tyl / Motrin as directed ☐ OTC symptomatic treatment as directed ☐ 213
☐ Instructed usage and SE of meds ☐ No antihistamine for now ☐ Discard toothbrush ☐ 203
☐ Drug interaction check ☐ Watch for infection ☐ Call or RTC if s/s ⇧ or not ⇩ after _____days ☐ 214
☐ Discussed likely viral infection, hold rx for antibiotic and fill if s/s >10 days or worsens. ☐ 202

Signature_____ F/U _____

Examination

	N	Abnl	
General:	☐	☐	Well developed, well nourished, no acute distress
	☐	☐	Dressed appropriately, age appropriate speech
Eyes:	☐	☐	Inspection of conjunctivae and lids
	☐	☐	PEERLA
	☐	☐	Opthalmoscopic examination
ENT:	☐	☐	External inspection of ears and nose
	☐	☐	Otoscopic exam (TM dull, air/fluid level, red, bulging)
	☐	☐	Assessment of Hearing
	☐	☐	Inspection of nasal mucosa (pale boggy, red, swelling, discharge - clear, yellow, green, bloody)
	☐	☐	Inspection of lips, teeth, gums
	☐	☐	Exam of oropharynx (red, tonsilar swelling, exudates)
	☐	☐	Sinus WNL (F, E, M, pain to palp, percussion)
Neck:	☐	☐	Full ROM, midline trachea
	☐	☐	Examination of thyroid
Resp:	☐	☐	Assessment of resp. effort (labored, shallow, tachypnic)
	☐	☐	Percussion (flatness, dullness, hyperresonance)
	☐	☐	Palpation (tactile fremitus, pain with AP and Lat. Palp)
	☐	☐	Auscultation (tight, wheeze, crackles, stridor)
CV**:**	☐	☐	Palpation of heart with no thrills
	☐	☐	Auscultation of heart with RRR, no murmurs or gallops
	☐	☐	Carotid arteries
	☐	☐	Abdominal aorta
	☐	☐	Femoral arteries
	☐	☐	Pedal pulses (dorsalis pedis, posterior tibial)
	☐	☐	No edema or varicosities in extremities
MSKL:	☐	☐	Assessment of gait
	☐	☐	Inspection and/or palpation of digits and nails One or more of the following areas: 1. ___ Head/Neck 3.___ RUE 5.___ LUE 2. ___ Spine, Ribs, Pelvis 4.___ RLE 6.___ LLE
	☐	☐	Inspection and/or palpation without deformity
	☐	☐	Full ROM (limited ROM, pain, crepitus)
	☐	☐	Joint intact and stable
	☐	☐	Muscle strength and tone (weakness to resistance, atrophy)
Neuro:	☐	CN II-XII Intact	
	☐	☐	C2- Visual fields full to confrontation
	☐	☐	C3 – C4 – C6- PERRLA, EOMs intact
	☐	☐	C5- Corneal reflex intact bilat., jaw clenching, sensation to maxillary and mandible
	☐	☐	C7- Facial movement symmetrical
	☐	☐	C8- Vibrations sensed equally bilat, repeats > 60% whispered words.
	☐	☐	C9 – C10- Upward movt. of palate and contraction of pharyngeal muscles, uvula midline. Gag reflex
	☐	☐	C11- Bilat symmetric with full resistance to opposition
	☐	☐	C12- Tongue steady, firm pressure, symmetrical with no atrophy
	☐	☐	Touch and pain sensation intact bilat.
	☐	☐	DTR equal, Neg. Babinski, Neg. Rhomberg, MAEW, rapid alternating hand movt., heel to chin.

	N	Abnl	
Psych**:**	☐	☐	Judgment and insight WNL
	☐	☐	Alert and oriented X 3
	☐	☐	Recent and remote memory intact
	☐	☐	No mood disorders noted, affect , flat, dull, anxious, crying
	☐	☐	Suicidal, homicidal / delusions, hallucinations
GI:	☐	☐	Abdomen soft non-tender, no masses, BS x 4 quad
	☐	☐	Liver and spleen without tenderness or enlargement
	☐	☐	Hernia (ventral, umbilical, inguinal - direct or indirect)
	☐	☐	Rectal: Even sphincter tone, no hemorrhoids
	☐	☐	Occult blood test negative with no gross blood present
	☐	☐	Neg. CVA, rebound, heel slap, obturator, psoas, rovsing's

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Lymph: Area palpated with no enlargement (select 2)
☐ Neck ☐ Axillary ☐ Groin ☐ other

Skin:	☐	☐	Pink with no rashes, lesions, ulcers, ecchymosis
	☐	☐	Moist, warm, dry with normal turger and brisk cap refill
GU:	M ☐	☐	Scrotum, epididymis, testes
		☐	Penis without deformity, lesions, or discharge
		☐	Prostate, lateral lobes symmetrical, smooth, rubbery
	F ☐	☐	No external lesions. Normal hair distribution. Vaginal mucosa moist and pink without lesions or abnormal DC.
		☐	Urethra intact, no tenderness, masses, inflammation or DC.
		☐	Bladder without tenderness or masses, no incontinence
		☐	Cervix pink, no lesions, odor, or DC.
		☐	Uterus midline, non-tender, firm, smooth
		☐	No adnexal masses, nodules, tenderness
Chest:	☐	☐	Inspection of breast with no dimpling or nipple discharge
	☐	☐	Examination of breast with no masses, lumps, tenderness

Comments/Notes: