

Date	Patient Name	DOB	Allergies <input type="checkbox"/> NKDA	Review of Systems <table style="width:100%; border:none;"> <tr><td>Gen</td><td><input type="checkbox"/> Y <input type="checkbox"/> N</td><td>Fatigue</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Fever/Chills</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Polydipsia</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Weight loss/gain</td></tr> <tr><td>CV</td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Chest Pain</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>DOE</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Palpitations</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Edema</td></tr> <tr><td>Resp</td><td><input type="checkbox"/> <input type="checkbox"/></td><td>Cough</td></tr> 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<input type="checkbox"/> Medication List Reviewed <input type="checkbox"/> Family Hx: <i>Reviewed</i> <input type="checkbox"/> Surgical Hx: <i>Reviewed</i> <input type="checkbox"/> Social Hx: <i>Reviewed</i> <input type="checkbox"/> More information on reverse side																																																																																																																															

General WN-WD & NAD Thin Obese VSS

Head: Normocephalic

Neck supple, trachea midline

No thyromegaly

Skin

- no rashes or lesions
- no jaundice

Ears External no deformities

EAC Occluded

Abn TM, R or L or Bilat

Eyes WNL

- conjunctiva clear, no lid lag
- Pupil/Iris ERRLA

Nose External no deformities

- Red, Boggy
- Purulent D/C
- Sinus Tenderness

Throat WNL

- Red
- Exudate/PND
- Tonsillar Hypertrophy

Lungs CTA, nonlabored

- Rhonchi
- Rales
- Decr. air exchange
- bilat expansion equal
- no cyanosis

Heart RRR

- Murmur
- Tachycardic
- PMI appropriate

Abdomen WNL

- No masses
- no hepatosplenomegaly

Tender: Epi RUQ

RLQ LLQ LLQ

Back ROM WNL

CVAT

SLR:

- Spasm

M/S gait and posture WNL

Extremities w/o deformities

- no clubbing or edema

Neurologic grossly intact

Psychiatric

- Mood and affect WNL
- Flat Affect
- recent and remote memory intact
- A&Ox3
- TP linear and logical
- TC w/o delusion/hallucination
- speech clear, spontaneous, normal
- Lump

Male GU _____

Female GU _____

- Pap obtained

Rectal _____

- FOBT positive

Sensory:

- Hearing WNL
- Vision WNL
- Snellen 20/ _____

- Allergic Rhinitis
- Anxiety
- A fib
- Anticoagulation
- ASCVD
- Asthma
- BPH
- Bronchitis
- CHF-Diastolic
- CHF-Systolic
- Contact Dermatitis
- COPD
- Cystitis
- Diabetes Mellitus
- CVA
- Drug Dependency
- Depression
- Dizziness
- Eczema
- Fatigue
- Gastritis/Ulcer
- GERD
- HA, Tension
- HA, Migraine
- HCV
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Low Back Pain
- Menopause
- Obesity
- Osteoarthritis
- Osteoporosis
- Otitis media
- Otitis externa
- Pharyngitis
- Pneumonia
- Sinusitis
- Tobacco Abuse
- URI

CPT code:
ICD10 codes:

New meds/med changes:

Total time spent with patient:
Time spent counseling:

- EKG with tracing review
- Urine Pregnancy
- A1c
- UDS
- Witnessed UDS
- Random UDS
- Monospot
- Joint injection
- Trigger point injection
- Therapeutic injection
- Strep swab
- PT/INR
- Kinesio taping
- Rapid flu
- Spirometry
- Nebulizer with O2sat

Referral to:

- Reassurance
- Request old records
- Reviewed old records
- Review previous results
- Refill routine meds

Advised to quit smoking

Advised on substance abuse

Advised to lose weight

Advised to diet & exercise

Advised about sexual issues

Schedule with counseling

RTO: _____ D W M PRN If no improvement

Work/School Excuse: ____ days

Signature: _____