

PATIENT: _____ DATE: _____

PE: (NP: 2=6+/3=12+/4-5=18+) (Est: 2=1-5/3=6+/4=12+/5=18+)
Vitals: B/P: _____ T: _____ P: _____ R: _____ Wt: _____ Ht: _____ BMI: _____

Gen App: ___ WDNW _____ Obese Thin Frail _____
___ NAD _____ Distress: Mild Mod Severe

Eyes: ___ Pupils Equal & Reactive _____ Exudate: _____
___ Conj & Lids NI _____ Injected: _____
___ Fundus Exam NI _____ Cataract: _____
___ EOMI _____

ENT: ___ Ext Ear & Canal NI _____ Cerumen Impac / Ear Exudate _____
___ Tympanic Membrane NI _____ TM Perforation R / L / Bi _____
___ Hearing Intact _____ Decreased Hearing _____
___ Ext Nose, Mucosa NI _____ Nasal Muc Pale / Congested _____
___ Septum Midline _____ Nasal Polyp / Deviated Septum _____
___ Lips, Teeth, Gums NI _____ Sinus Tenderness _____
___ Oral Mucosa, Tongue, _____ Pharyngeal Erythema / Exudate _____
& Pharynx NI _____ Postnasal Drip _____

Neck: ___ Symmetrical, Trach Midline _____ Thyroid Enlargement _____
___ No Thyromegaly _____ Thyroid Nodule _____
___ No Cerv Lymphaden♦ _____ Cerv Lymphadenopathy R/L/Bi♦ _____
___ No Carotid Bruit♥ _____ Carotid Bruit♥ R / L / Bi _____
___ No JVD _____ JVD R / L / Bi _____

Resp: ___ No Resp Distress _____ Respiratory Distress _____
___ CTA _____ Diminished Breath Sounds _____
___ No Rhon/Wheez/Crackles _____ Rhonchi Wheezes Crackles _____

CVS:♥ ___ S1, S2 Normal _____ Murmur: _____ Gr: _____
___ No Murmurs/Thrills _____ Displaced Apical Impulses _____
___ Apical Impulses NI _____ Pulses: R: _____ L: _____
___ Pulses Equal Bilat _____

Chest/ ___ Symmetrical _____ Discharge _____
Breasts: ___ No Breast Mass/Discharge _____ Mass _____
___ No Tenderness _____ Tenderness _____
___ No Axillary Lymphaden♦ _____ Axillary Lymphadenopathy♦ _____

Lymph:♦ ___ No Lymphadenopathy _____ Lymphadenopathy Present _____

GI: ___ Abd Nontender, No Masses _____ Tender/Mass: _____
___ No Hepatosplenomegaly _____ Liver Enlarge Splenic Tip Felt _____
___ No Hernia _____ Hernia: _____
___ No Abd Bruit♥ _____ Abdominal Bruit♥ _____
___ Bowel Sounds Normal _____ Hypoactive BS / Hyperactive BS _____
___ No Ing Lymphadenopathy♦ _____ Inguinal Lymphadenopathy♦ _____
___ No Hemorrhoids _____ Hemorrhoids Present _____
___ Sphincter Tone NI _____ ↓ Rectal Tone _____
___ Stool for Occult Blood Neg _____ Heme + _____

GU: ___ No Spermatic Tenderness _____ Spermatic Cord Tenderness _____
(Male) ___ Penis, Testes Normal _____ Testicular Mass _____
___ Prostate Gland NI _____ Enlarged Prostate Gland _____

(Female) ___ Ext Genitalia NI _____ Discharge: _____
___ Vagina Normal _____ Atrophied / Enlarged _____
___ Uterus NI Size _____ Mass: _____
___ No Adnexal Mass/Tender _____ □ See Attached GYN Eval _____
___ Pap Smear Obtained _____

Musc: ___ Gait/Station NI _____ Gait: _____
___ No Clubbing or Cyanosis _____ Tenderness: _____
___ No Joint Tndr/Effusion _____ ⊕ Romberg _____
___ ROM Full All Extremities _____ ROM: _____
___ Muscle Strength 5/5 x4 _____ Strength: _____
___ Muscle Tone NI _____ Rigid / Flaccid _____
___ No Calf Tenderness _____ Calf Tenderness - R / L / Bi _____
___ No Leg/Ankle Edema♥ _____ Edema♥ - R: _____ L: _____

Neuro:* ___ CN Intact _____
___ DTR Intact _____
___ Sensation Intact _____ Decreased/Increased _____
___ Attention Span Intact _____
___ Speech WFL _____ Receptive / Expressive Aphasia _____
___ Coordination Intact _____

Psych: ___ Mood/Affect NI _____ Depressed Affect / Anxious _____
___ Judgment/Insight WNL _____
___ Oriented x3 _____ Confused _____
___ Recent/Remote Mem Good _____ Memory Loss _____

Skin: ___ No Suspicious Lesions _____
___ No Induration _____
___ No Rash or Ulceration _____

EKG Interpretation: _____

Lab Results: Date: _____

X-Ray Results: □ Film □ Report Date: _____

Medical Test Results: Date: _____

Lifestyle Modification/Counseling: _____ Time Spent: _____
 Reduce Salt Intake / Reduce Intake of Saturated Fats & Cholesterol
 Aerobic Physical Activity – 30 Minutes Most Days of Week
 Tobacco / ETOH Cessation & Risks of Continuation Discussed
 Encouraged to Lose Weight
 Monthly Self Breast / Testicular Exam / Skin Exam Discussed
 STD / HIV / Sexual Habits Discussed
 Osteoporosis / HRT Discussed

ASSESSMENT:
1. _____ Stable Improved Worse/Uncon
2. _____ Stable Improved Worse/Uncon
3. _____ Stable Improved Worse/Uncon
4. _____ Stable Improved Worse/Uncon
5. _____ Stable Improved Worse/Uncon
6. _____ Stable Improved Worse/Uncon
7. _____ Stable Improved Worse/Uncon

PLAN:
To Consider: _____
*Medications: Continue Current Prescription Meds
Changes: _____
*Samples Disp: _____
Labs Ordered: CBC / CMP / Lipids / TSH / Uric Acid / UA/Micro / LFT / PSA / HbA1C / _____
*Radiology: CXR / _____
*Med Tests: EKG / Echo / Stress Test / Colonoscopy / _____
Other: _____
Referred to Dr: _____ □ Send Records
*Records Req: _____
RTO: _____ Weeks / Months Next App't: _____

Physician Signature _____
 Addendum Dictated

Old Records Reviewed; Summarized in HPI
 Discussed with Other Health Care Provider: _____

NON-ACUTE EVALUATION

Patient: _____ Age: _____

SS#: _____ Date: _____

HPI: (NP: 2=1-3 ele/3-5=4+ ele) (Est: 2-3=1-3 ele/4-5=4+ ele)

Chief Complaint(s):

1. _____

2. _____

3. _____

4. _____

5. _____

CURRENT MEDICATIONS:

ALLERGIES: NKDA

PREVENTIVE CARE:

Immunizations

Tetanus - _____

Pneumococcal - _____

Influenza - _____

Hepatitis B - _____

Lyme - _____

MMR - _____

Gynecological

Gynecologist: _____

LMP: _____

Attained Menopause: Yes No

Most Recent Screening Tests/Exams

Mammogram: _____ Vision Exam: _____

Breast Exam: _____ Glaucoma Screen: _____

Pap/Pelvic: _____ Hearing Eval: _____

DRE: _____ Bone Density: _____

Hemocult: _____ Minimental Status: _____

Sig/Colonoscopy: _____ Lipid Profile: _____

PSA: _____

Testicular Exam: _____

PAST MEDICAL/SURGICAL HISTORY:

Allergic Rhinitis GI Bleed – Upper / Lower
Anemia Gout
Anxiety Hiatal Hernia
Asthma Hypercholesterolemia
Atrial Fib Hypertension
BPH Hyper / Hypo Thyroidism
CAD Irritable Bowel Syndrome
Cancer Low Back Pain
Carotid Stenosis MI
CHF Migraines
COPD Obesity
CVA Osteoporosis
DDD / DJD Parkinson's
Dementia Prostate CA
Depression PVD
Diabetes Renal Insuff / Failure
Diverticulosis Seizures
DVT – RLE / LLE Spinal Stenosis
Frequent UTI's _____
GERD _____

Appendectomy
Cholecystectomy
Hysterectomy
CABG x _____
PTCA / Stent
Pacemaker
L / R Bypass Graft
Valve Replacement
L / R Carotid Endar
Colon Resection
Hernia Repair
TURP
L / R AKA BKA
L / R THR TKR
Spinal Fusion
ORIF _____
L / R Cataract Repair

SOCIAL HISTORY: Single Married Widowed
Lives with _____ Assisted Living Facility / Nursing Home
Occupation: _____ Currently Working Retired Disabled
ETOH Socially / Daily Quit: _____
Tobacco _____ ppd x _____ years Quit: _____

FAMILY HISTORY: Significant: CAD DM HTN CVA TB CA-_____
Family Member - History Of Family Member – History Of

PFSH filled out by ancillary staff. Reviewed by physician. _____

ROS:
Cons
Appetite Change
Weight ↑ ↓
Fatigue / Malaise
Fever / Chills
Sleep Disturbance
Eyes
Acuity Change
Blurred / Double Vision
Burning / Itching
Red / Watery Eyes
ENT
Earache / Tinnitus
Hearing Loss
Nasal Congestion
Runny Nose / Sneezing
Postnasal Drip
Sinus Pressure
Sore Throat
CVS
Chest Pain / Dyspnea
Palpitations
Orthopnea / PND
Edema / Syncope
Pulm
Cough / Sputum
SOB / Wheezing
Hemoptysis
GI
Nausea / Vomiting
Abdominal Pain
Constipation / Diarrhea
Heartburn / Melena
Hematemesis
Rectal Bleed
GU
Dysuria / Frequency
Hematuria / Straining
Incontinence
Impotence
Musc
Joint Pain / Stiffness
Joint Swelling
Back / Neck Pain
Muscle Weakness
Muscle Pain / Cramps
Limited ROM
Neuro
Headache / Dizziness
Seizures / Numbness
Tingling / Burning / Falls
Confusion / Memory Loss
Psych
Anxiety / Depression
Mood Swings / Irritability
Skin
Rash / Ulceration
Suspicious Lesion
Callus / Corn
Varicose Veins
Nail Changes
Endo
Heat / Cold Intolerance
Polyuria / Nocturia
Hypoglycemic Symptoms
Lymph/Heme
Swollen Glands
↑ Bruising / Bleeding
Life Style
Active / Sedentary

____ All Other Systems Negative ____ Unable to Obtain 2nd to: _____

ROS filled out by ancillary staff. Reviewed by physician. _____

*History Obtained From: Patient / Family / Caregiver / _____