

CHECK IF ITEM WAS QUERIED
CIRCLE ABNORMALS ADD ITEMS AS NEEDED

level 1,2 HPI: one item
level 3: four items,
or status of 3 probs.

level 3 PMH:
1 item

level 1,2 ROS: one system
level 3 ROS: two systems

level 2 complexity: Two illnesses (chronic or acute)
One chronic illness with exacerbation
One acute illness with systemic symptoms
level 3 complexity: Three illnesses and one with exacerbation
Four chronic stable illnesses
Life Threatening illness

CC: F/U Hosp. Care

HPI:

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Mod. factors
- Assoc. s/s

Review of Systems:

Constitutional: feeling: better / worse / same

EYES: change in vision

CV: chest pain

RESP: cough, SOB

GI: N / V, diarrhea, constipation

GU: voiding difficulty

MS: joint pain

SKIN: rashes, sores

NEURO: numbness, focal weakness, headache

PSYCH: depression / anxiety

Other:

LABS:



Testing:

Nurse Sig. _____

Physical Exam

CONSTITUTIONAL:

vitals: T_{Max} BP P RR
24 I/O _____ / _____

No distress

HEENT:

conjunctiva & lids nl. PERRL

lips, gums, teeth nl. mucosa, tongue, pharynx nl.

LYMPH:

neck nl. R+L, axilla nl. R+L groin nl. R+L

LUNGS:

nl. resp. effort, no rales, rhonchi or wheezes

HEART:

reg. rhythm, no murmur,

neck veins flat

carotids 2+/2+, no bruits,

no pedal edema

pedal pulses 2+/2+

ABDOMEN(GI):

soft, no masses, not tender, bowel sounds nl.

liver at costal margin,

ORTHO

ambulates: independent / with assistance / walker / cane

nl muscle tone & strength no calf tenderness

joints - no inflammation, no restricted motion

SKIN:

no rashes, no skin breakdown

NEURO:

cranial nerves intact, no sensory deficit

PSYCH:

oriented x 3 nl. judgement & insight,

memory intact, mood (happy / sad / anxious / neutral)

OTHER:

Problems (status of)	Assessment	Plan
1.	<input type="checkbox"/> New, <input type="checkbox"/> Stable, <input type="checkbox"/> improved, <input type="checkbox"/> worse	
2.	<input type="checkbox"/> New, <input type="checkbox"/> Stable, <input type="checkbox"/> improved, <input type="checkbox"/> worse	
3.	<input type="checkbox"/> New, <input type="checkbox"/> Stable, <input type="checkbox"/> improved, <input type="checkbox"/> worse	
4.	<input type="checkbox"/> New, <input type="checkbox"/> Stable, <input type="checkbox"/> improved, <input type="checkbox"/> worse	

Signed: _____

Date: _____ Time: _____