

Patient name (Nurse) _____ Date (Nurse) _____ Time (Doctor) _____

Chief Complaint (Nurse): ☐ unbeknownst to pt

History (Doctor): *(f/u pt levels 1, 2, 3 & new pt levels 1, 2 = 1 element; f/u pt levels 4, 5 & new pt levels 3, 4, 5 = 4 elements or status of 3 chronic conditions – context / severity / duration / associated signs & symptoms / ameliorating or aggravating factors / location / quality / timing)* ☐ unable to obtain (indicate reason)

Age (Nurse) _____ y/o

ROS: *(f/u pt levels 1, 2 & new pt level 1 = none; f/u pt level 3 & new pt level 2 = 1; f/u pt level 4 & new pt level 3 = 2; f/u pt level 5 & new pt level 4, 5 = 10)*

☐ unchanged from _____

☐ Remainder negative

☐ unable to obtain (indicate reason)

Constitutional	WN L	Comments (positives or pertinent negs)	Musculoskeletal	WN L	Comments
Eyes			Skin		
Ears/Nose/Mouth/Throat			Neurologic		
Respiratory			Psychiatric		
Cardiovascular			Endocrinologic		
Gastrointestinal			Hematologic		
Genitourinary			Immune/Lymph		

(f/u pt level 1, 2, 3 & new pt level 1, 2 = none; f/u pt level 4 & new pt level 3 = 1 of any; f/u pt level 5 & new pt level 4, 5 = 1 from each)

PMHx - ☐ unchanged from _____

SHx - ☐ unchanged from _____

FHx - ☐ unchanged from _____

(f/u pt level 1 = 0; f/u pt level 2 & new pt level 1 = 1; f/u pt level 3 & new pt level 2 = any 6; f/u pt level 4 & new pt level 3 = any 12; f/u pt level 5 & new pt level 4, 5 = 2 in 9 areas)

Constitutional:

☐ (Nurse) (Document 3) T: _____ P: _____ BP: _____ RR: _____ WT: _____

☐ Appearance _____

Eyes: ☐ PERRL

☐ no conjunctival injection

Ears/Nose/Mouth/Throat: ☐ nares clear

☐ clear oropharynx

Neck: ☐ no thyroid enlargement, masses

☐ trachea midline

Cardiovascular: ☐ regular rate and rhythm

☐ no edema

☐ no carotid bruit

Respiratory: ☐ clear to auscultation

☐ symmetrical chest expansion and respiratory effort

Abdominal: ☐ soft, no masses

☐ no tenderness; wnl sounds

☐ no hernias present

☐ no abdominal bruits

☐ obese

Lymphatics: no adenopathy (*indicate at least two*)

☐ cervical ☐ supraclavicular ☐ axillary ☐ inguinal

Musculoskeletal: ☐ wnl gait

☐ no clubbing, cyanosis

no joint effusions, erythema (*indicate*)

☐ RUE ☐ LUE ☐ RLE ☐ LLE

Skin: ☐ no rash or ulcers

☐ wnl turgor & hydration

☐ no nodules

Psych: ☐ alert, cooperative

☐ wnl affect

☐ intact memory

☐ wnl judgement and insight

Neuro: ☐ wnl cranial nerves

☐ wnl sensation

☐ wnl reflexes

Breast: ☐ wnl breast symmetry

☐ no masses or tenderness of breasts or axillae

Other:

☐ Assessment and plan dictated _____