

JANE DOE
ABC CORP

DOB 10/10/1955
Gender Female

Changes in past year

- 1 Is this a followup visit? If not, please give us the following information:

- 2 Did any immediate family member develop, (-) HEART DISEASE, (-) CANCER, If yes who / what type?

- 3 Do you (-) SMOKE, (-) Drink ALCOHOL regularly, If Yes what and how much

- 4 Any: (-) change in APPETITE, (-) WEIGHT, (-) new ALLERGIES,

- 5 Any: (-) Change in VISION, (-) HEARING, (-) IMBALANCE,

- 6 Any: (-) SHORTNESS OF BREATH, (-) COUGH, (-) WHEEZING, (-) ASTHMA,

- 7 Any: (-) CHEST PAIN, (-) PRESSURE, (-) HEAVINESS, (-) TIGHTNESS, (-) DISCOMFORT, (-) ANKLE SWELLING, (-) PALPITATIONS,

- 8 Any: (-) ABDOMINAL PAIN, (-) DISCOMFORT, (-) Change in BOWEL habits, (-) RECTAL bleeding,

- 9 Any: (-) Change in URINARY stream, (-) IMPOTENCE, (-) Nighttime Urination (# of times per night)

- 10 Any: (-) MENSTRUAL problems, (-) HOT Flashes, (-) URINARY symptoms,

- 11 Any: (-) STIFF, (-) PAINFUL joints, (-) NECK Pain, (-) BACK pain, (-) GOUT,

- 12 Any: (-) STROKE, (-) Transient WEAKNESS, (-) VISION problems, (-) SPEECH Disturbance, (-) HEADACHES,

- 13 Any: (-) Excessive THIRST, (-) URINATION, (-) HEAT, (-) COLD intolerance,

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14 **Psychiatric** Any: (+) DEPRESSION, (-) excessive FATIGUE, (-) STRESS, (-) Change in SLEEPING pattern,

15 **Integument** Any: (-) RASHES, (-) HIVES, (-) ITCHING,

16 **Other problems** Any:: (+) SURGERY, (-) ACCIDENTS, (-) ILLNESSES, (-) HOSPITALIZATIONS, (-) EMERGENCY ROOM VISITS,

NOTES FOR: Changes in past year

12/02/2008 9:11 PM Saw patient

#14 ever since last year.

#16 appendectomy at Regional med ctr.

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Physical Examination

- 17 **Date/Time**
- 18 **GENERAL** YOWDOWN race sex INAD, WT HT P BP Temp
- 19 **SKIN** (-) rashes, (-) eruptions, (-) eczema, (-) ecchymosis, (-) pruritis, (-) bruises, (-) scaling, (-) lesions, (-) edema, cap refill
- 20 **HEENT** Normocephalic atraumatic, (-) scalp, (-) hair, (-) asymetries, (-) CN-V, (-) CN-V11. (-) Bruits, (-) Malar Rash, (-) TMJ
- 21 **SPINE / CVA** (-) contour, (-) kyphosis, (-) scoliosis), (-) tenderness, (-) swelling, (-) CVA , (-) Full ROM
- 22 **BREASTS/AX** (-) protusions, (-) retractions, (-) ulcers, (-) edema, (-) axillary nodes, (-) asymmetry, (-) skin changes, (-) retraction, (-) dimpling, (-) nipple-aerola disch, (-) masses, (-) tender, (-) erythema,
- 23 **NECK** (-) Thyroid (+) Lymph Nodes, (-) Carotids , (-) Upstroke, (-) Bruits left + right,
- 24 **CHEST** CTP+A, (-) (tachypneal) expansion, (-) retractions, (-) ICS, (-) accessory muscles, (-) Compression pain, (-) fremitus, (-) lymph nodes, (-) axillary supra & infra; (-) crackles, (-) wheezes, (-) rales,
- 25 **COR** Size, PMI, (-) thrills, RRR (S1 & S2 splitting), (-) gallops S3, S4.
- 26 **MURMURS** Intensity, pitch, quality, location, config, radiation, modif. Opening snap, (-) knocks, (-) clicks
- 27 **JVP cm H2O**
- 28 **ABDOMEN** (+) soft, (-) tender, (-) palp LKKS, (-) Masses, (-) AA
- 29 **EXTREMITIES** (-) cce, (-) VV, (-) Fem+2, (-) Pop+2, (-) PT+2, (-) DP+2,

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30 **RECTAL** (-) ext Hem, (-) masses, (-) stool, (-) guiac, (-) prsotate, (-) testes,

31 **EKG** (-) RAH, (-) LAH, (-) RVH, (-) LVH, (-) AV Blocks 1,2,3, (-) RBBB, (-) LBBB, (-) Ischemia,
(-) Infarct

32 **EKG RHYTHMS** NSR, (-) APD, (-) VPD, (-) PAT, (-) MAT, (-) SVT, (-) Atrial Flutter, (-) Atrial Fib, (-)
Bigeminy, (-) Trigem, (-) V Fib, (-) AVR

NOTES FOR: Physical Examination

12/02/2008 9:15 PM

PAtient cooperative

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HPI & Other information

33 Tell us why are you seeing Dr. today.

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NOTES FOR: HPI & Other information

<u>DateCreated</u>	<u>DateModified</u>	<u>Seq</u>
12/2/2008	12/2/2008	1