

Name: _____ Age: _____ DOB: / / Date: / /

Ht _____ Wt _____ BMI _____ B/P _____ / _____ P _____ T _____	Reviewed past, family and social hx Abnormalities/Comments
_•General WNL- no distress, appropriate _•Psych WNL- A&O x3, nl mood affect (judgement/insight recent/remote memory) _•Skin WNL- inspection palpation _•Lymph WNL- palp neck axilla groin _•Eyes WNL -inspect int/external _ENT WNL- Nose inspect, Ears inspect/assess hearing, Moutu oropharynx _•Neck WNL-neck/thyroid palpation _•Resp WNL- respiratory effort/ auscult/ (palp/perc) _•CV WNL-auscult/periph vascular (palp eval carotid/aorta/femoral/pedal edema varicosities)	Abnormalities/Comments _•√Breast WNL-skin/nipple/tissue _•Abdomen WNL-inspection/palp _•Genet WNL -cervix uterus adnexa vagina urethra bladder vulva meatus perineum/perirectal rectal digital (hemocult - / +) _Musculoskeletal WNL- -gait/station Inspect digits -Inspect/palp joints/bones/muscles -Assess ROM/stability/strength tone o Head & neck o Spine/ribs/pelvis o RUE LUE RLE LLE _Neuro WNL- CN DTR sensation
Annual Exam: Last PAP: / / wnl/abn SBE Y/N LMP: / / BC PMB Y/N TESTS: o MMX o BMD o Labs o Colon o PAP c/v/HR	PO visit: N / V / F / C / B / P Rx- called in _____ (initials)
<i>SX</i> ICD-10 DURATION- LOCATION- SEVERITY- NATURE-CONSTANT/INTERMITTENT/ CYCLICAL STABLE/WORSE/BETTER ASSOC SX- WORSENS IMPROVES PRECIPIT: PRIOR HX: TX: W/U:	
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D/w patient possible etiology, indicated workup and s/s of concern to report on all problems listed above. D/w patient all pertinent, potential side effects and risks of all medications listed above. <input type="checkbox"/> D/w patient anatomic vs. neurologic-related symptoms and addressing both issues may be required to improve all symptoms <input type="checkbox"/> Controlled substance history reviewed, appropriate usage and addiction potential reviewed with patient. <input type="checkbox"/> D/w patient risks/benefits/alternatives to surgery <input type="checkbox"/> D/w patient results of previous testing/referrals <input type="checkbox"/> Coordination of care with: <input type="checkbox"/> Sent for records regarding:	Appt with RA / KW In _____ wks / mos Date/time:

Hemocult 82270/Z12.11 - / + **PROCEDURE only** Inj- Med _____ Dose _____ Site _____
 Urine dip 81002 - / + **also**
 Urine HCG 81025 - / + Medicare
 Wet prep 87210 -qw N 9920 1/2/3/4/5 G0439 (Annual Wellness) 12-17 99384 99394
 Nitrazine y/b/g 83986 E 9921 1/2/3/4/5 G0101(pelvic/breast exam) 18-39 99385 99395
 GC/Chl Clue cells/hyphae Trich post op-24 w/proc-25 Q0091 (obtaining pap) 40-64 99386 99396
 BS 82947 -qw RENA AZAR MD >65 99387 99397
 w/o Z01.419 w/ Z01.411

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