



TIME IN \_\_\_\_\_ OUT \_\_\_\_\_

DATE: \_\_\_\_\_

LOWELL

FILL THIS BOX OUT

NOMBRE DE PACIENTE: \_\_\_\_\_ # DE TELEFONO \_\_\_\_\_ FD NACIMIENTO \_\_\_\_/\_\_\_\_/\_\_\_\_

RAZON DE SU VISITA \_\_\_\_\_ CUANTO TIEMPO TIENE CON EL PROBLEMA \_\_\_\_\_

HISTORIA MEDICA: \_\_\_\_\_ Provider Review  ULTIMA VISITA AL DOCTOR \_\_\_\_\_

HISTORIA MEDICA FAMILIAR: \_\_\_\_\_ Provider Review  USTED FUMA? Y  N  FECHA DE UPM \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICAMENTOS ACTUALES: \_\_\_\_\_ Provider Review

ALERGIAS A MEDICAMENTOS:

HPI: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROS: F/Ftg/ HA/ EA/ ST/ RN / NP / LAD/CP / SOB / Cough/ ABD P / N / V / D / Dysuria / Rash / BA /  Stress /  Sleep ( / =negative finding & = positive finding)  
VS: TEMP \_\_\_\_\_ B/P \_\_\_\_\_ PULSE OX \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_ BMI \_\_\_\_\_

APPEARANCE: A&O/NL Mood/No Distress /Sick/Not Sick/Toxic

HENT: EAM NL/TM NL/Tonsils+ \_\_\_\_\_ Pharynx Red/Sinus Tenderness/MMM EYES: PERRLA/Conjunctival Injection/Discharge

NECK: Supple/Full ROM/Mass/Thyroid/LAD LUNGS: CTA/Rhonchi/Wheeze HEART: RRR/M/G/R//Tachycardia/Bradycardia

ABD: Soft/NT/Mild/Mod/Sev/Tenderness/RUQ/LUQ/RLQ/LLQ/Epigastric/Periumbilical/Suprapubic/Rebound/Guarding

NEURO:CN II-XII intact/ \_\_\_\_\_/5 Strengt/Sensation Intact/Reflexes \_\_\_\_\_/Romberg \_\_\_\_\_

GU: NL Genitalia /Discharge/Mass/ SKIN: rash/≤ 3 Sec Capillary Refil/NL Turgor

EXT: Full ROM/Swelling/Tenderness \_\_\_\_\_/Cyanosis/Calf Tender \_\_\_\_\_/

Additional Findings:

OUT SOURCED LABS / XRAYs

FASTING  NON FASTING

IN HOUSE LABS/X-RAY/SUPPLIES

DIAGNOSIS/PLAN:

F/U 2-3 days if no improvement

Call pt. in \_\_\_\_\_ days to check on them.

Physician /Advanced Practitioner

LEU:	BLD:	STREP: + / -
NIT:	SG:	FLU A: + / -
URO:	BIL:	FLU B: + / -
PRO:	KET:	A1C: _____
PH:	GLU:	CBG: _____
HCG: + / -		

Fx Care Provided

Splint Assessment Completed

Strapping Assessment Complete