TIME IN: _____ TIME OUT: _____

DATE:_____

HAVE YOU BEEN SEEN HERE BEFORE?

Y_____N_____

KARAS HEALTH CARE DOES NOT TREAT CHRONIC PAIN

KARAS HEALTH CARE

ROOMING MA: _____

ROOM NUMBER: _____

FILL THIS BOX OUT

Patient Name: _____ Phone_____ Birthday: ____/_____ /_____

Reason For Visit_____ Duration of Problem: _____ Insurance: _____/ PCP:_____

Medical History:_____Provider Reviewed ☐ Last Doctors Visit_____ Pharmacy:_____

Family Medical History: _____Provider Reviewed ☐ Do you smoke? Y ☐ N ☐ Date of LMP___/___/_____

Current Medications: _____Provider Reviewed ☐ **DRUG ALLERGIES** : _____

HPI:_____

_____

_____

_____ **SCRIBE:** _____

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_____

PMP ( )

APPEARANCE: A&0/NL Mood/No Distress /Sick/Not Sick/Toxic

HENT: EAM NL/TM NL/Tonsils+____Pharynx Red/Sinus Tenderness/MMM **EYES:** PERRLA/Conjunctival Injection/Discharg

NECK: Supple/Full ROM/Mass/Thyroid/LAD **LUNGS**: CTA/Rhonchi/Wheeze **HEART:** RRR/M/G/R//Tacycardia/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 Gentialia /Discharge/Mass/ **SKIN:** rash/≤ 3 Sec Capilary Refil/NL Turgor

EXT: Full ROM/Swelling/Tenderness_____/Cyanosis/Calf Tender_____/

Additional Findings:

DIAGNOSIS/PLAN:

OUT SOURCED LABS / XRAYS

□ FASTING □ NON FASTING

DRAWN BY: _____

ORDERED BY: _____

IN HOUSE LABS/X-RAY/SUPPLIES

☐ HEMMOCULT CARDS X _____

(SENT HOME WITH PATIENT)

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

HCG: + / -

- ☐ F/U 2-3 days if no improvement
- ☐ Call pt. in _____ days to check on them.
- ☐ F/U in clinic in _____ DAYS / WEEKS / MONTHS

_____

Physician /Advanced Practitioner

Fx Care Provided ☐

Splint Assessment Completed ☐

Strapping Assessment Complete ☐