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Pt Name: DOB: DOS:

WT: _____kg HT: _____cm FOC: _____
T: _____°F P: _____ RR: _____
B/P: _____/_____ O_2: _____% Allergies:

Chief Complaint:
Current Meds:
HISTORY OF PRESENT ILLNESS:

REVIEW OF SYSTEMS:

Constitutional: NEG fever, chills, sweats, fatigue, malaise, weight loss, lightheaded, ? appetite

ENMT: NEG otalgia, sore throat, epistaxis, sinus d/c, teething, nosebleeds, hoarseness, dysphagia

Resp: NEG cough, sputum, hemoptysis, pleuritic, wheezing, stridor, retractions

G/U: NEG burning, freq, urgency, incontinence, hematuria, flank pain, discharge, LMP _____

Integumentary: NEG diaphoresis, jaundice, rash, itch, lesions

Psychiatric: NEG depression, anxiety, suicidal ideation, hallucinations, paranoia, memory loss

Hema/Lymp: NEG bruising, bleeding, adenopathy

Eyes: NEG blurring, diplopia, irritation, discharge, pain, photophobia, icterus

CV: NEG SOB, dyspnea, CP, syncope, dizzines palpitatio ns, skipping beats

Gastro: NEG nausea, vomiting, diarrhea, constipation, change in bowel habits, abd pain, melena, hematochezia, jaundice, spitting up

Skel: NEG neck pain, back pain, joint pain, leg pain, joint swelling, edema, stiffness, muscle cramps, muscle weakness

Neuro: NEG headache, vertigo, paralysis, weakness, seizures, syncope, tremors, altered mental status

Endocrine: NEG cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Allergic/Imm: NEG urticaria, hay fever, persistent infections, HIV exposure

All negative, excepted as noted above

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: Y N
Major Illnesses: _____
Hospitalizations: _____
Surgeries: _____

Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz

Social HX: Total in Household: _____
Lives with: Mother Father Siblings: ____ Aunt Uncle
Grandmother Grandfather Cousins
Water: City Well Bottled Pets: Dog/Cat Reptiles Bird
Smokers: Y N Poultry Farm

PHYSICAL EXAM:

General Appearance:
☐ Well-Developed ☐ Well-Nourished ☐ NAD

Eyes:
☐ Lids, Sclerae, conj, ant chambers
☐ Red reflexes
☐ PERRL
☐ EOMI
☐ Tears

ENMT:
☐ Hearing, pinnae, canals, TMs
☐ Nasal mucosa, septum, turbinates
☐ Pharynx/moist mucosa

Neck:
☐ Non-Tender ☐ LAD ☐ No deformity/ masses
☐ No meningeal signs
☐ Thyroid

Respiratory:
☐ Auscultation ☐ Percussion
☐ Effort ☐ Air Movement

Cardiovascular:
☐ RRR ☐ No Murmur
☐ Pulses ☐ Cap refill < 2 secs

GI / Abdomen:
☐ Soft ☐ BS Normal
☐ Non-Tender ☐ No CVAT
☐ No masses ☐ No HSM
☐ No peritoneal signs

GU: Tanner Stage _____

Male: ☐ Normal ☐ Testes ↓↓
☐ Circ'ed ☐ Uncirc'ed

Female: ☐ Normal ☐ Hymen intact
☐ No D/C

Musculoskeletal:
Head: ☐ AF ☐ NCAT
Neck:
☐ Strength/Tone/ROM
Back/Spine:
☐ Strength/Tone/ROM
Chest:
☐ No tenderness ☐ No deformity
Extremities:
☐ Strength/Tone/ROM
☐ No tenderness
☐ No swelling
☐ Digits/Nails
☐ Gait/Station

Skin:
☐ Good Color ☐ Warm/dry
☐ No rash/lesion/mass

Neuro:
☐ CN II→XII intact ☐ Sensation nl throughout
☐ Reflexes 2+/equal/bilat
☐ Strength nl bilat all extremities

Psychiatric:
☐ Active, interactive
☐ Consolable
☐ Social smile
☐ Behavior appropriate for age/setting

☐ **Exam limited by urgency of condition**

Check box if assessed; circle abnormal and note findings
Not circled & Checked = Normal

Diagnostic Tests:

Assessment:

Plan:

	Drug	Time
O_2: _____%	Alb Xop	____:____
O_2: _____%	Alb Xop	____:____
O_2: _____%	Alb Xop	____:____

DISPOSITION: Home Admitted Trans

Follow-up in _____ days wks

Next WCC

Signature