**Name** **Date** **FOLLOW-UP**

**HISTORY - COMPLETED BY PATIENT**

**1. Reason for your visit today**______________________________________________________________________

**2. Please indicate if you are having any current problems signs or symptoms in any of the following areas:**

| ✓ | | ✓ | |
|---|---|---|---|
| ❒ | General Wellness | ❒ | Neurological |
| ❒ | Eyes | ❒ | Allergies |
| ❒ | Skin | ❒ | Reproductive/Urinary |
| ❒ | Ears, Nose, Throat | ❒ | Thyroid/Endocrine |
| ❒ | Stomach/Digestion | ❒ | Psychiatric |
| ❒ | Lungs/Breathing | ❒ | Blood/Lymph |
| ❒ | Heart/Circulation | ❒ | Other |
| ❒ | Muscles/Joints/Bones | ❒ | Other |

**Physician Comments - Review of systems**

❒All other systems negative **ROS**: 1 prob pertinent, 2-9 extended, 10+ complete

**Medications**

**Since your last visit, please note any changes to: Marital Status, Job, Smoking or Drinking Habits, Health of a Family Member:**

**HISTORY - COMPLETED BY PHYSICIAN**

**History of Present Illness:** (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc signs/symptoms) (1-3 brief, 4+ extended)

**OR** **Status of Chronic or Inactive Conditions** (3 or more = extended w/o HPI)

**EXAM**

**1. General:** * BP___________ Pulse__________ Height____________ Weight____________

* Appearance: ❒ Well Developed ❒ Ill-Appearing ❒ Cachectic

**2. Eyes:**

**Abnormal or Positive Findings:**

* Conjunctivae and lids ❒ Normal

**3. Ears/Nose/Mouth/Throat:**

* Teeth, gums, palate ❒ Normal
* Oral mucosa ❒ Normal

**4. Neck**

* Jugular veins (distension) ❒ Normal
* Thyromegaly ❒ Absent

**5. Respiratory**

* Respiratory Effort ❒ Normal
* Ascultation/breath sounds ❒ Clear

**6. Cardiovascular**

* Palpation of heart (size, PMI) ❒ Normal
* Heart sounds, murmurs ❒ Normal
* BP in 2 or more extremeties ❒ Normal RUE___________ LUE____________ RLE___________ LLE___________
* Carotid Arteries (bruits) ❒ Normal
* Abdominal aorta (size, bruits) ❒ Normal
* Femoral arteries bruits/pulse ❒ Normal
* Pedal pulses ❒ Normal
* Extremity edema/varicosities ❒ Absent

**7. Gastrointestinal**

* Tenderness/Masses ❒ No
* Hepatosplenomegaly ❒ No
* Bowel Sounds ❒ Normal
* Obtain stool sample (if indicated) ❒ Pt. Refused ❒ Deferred

**8. Musculoskeletal**

* Back w/notation of kyphosis or scolosis ❒ Normal
* Gait w/notation of ability exercise progra ❒ Absent
* Assessment of muscle strength & tone ❒ Normal

**9. Skin**

* Inspect/palp skin & SC tissue ❒ Normal

**10. Extremeties**

* Inspect/palp digits and nails (clubbing) ❒ Normal

**11. Psychiatric**

* Oriented: Person Place Time ❒ Yes
* Mood & affect (depressed, anxious) ❒ No

(99201,99212 = 1-5 bullets, 99202,99213 = 6 bullets, 99203,99214 = 12 bullets, 99205/99204, 99215 = All bullets in every shaded section, 1 bullet in each unshaded section)

**IMPRESSION**

**PLAN**