Name **Date** **NEW**

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

3. Medication(s) (drugs, pills):

4. Previous Surgeries/Dates:

5. Allergies

4. What is your Social History?

Marital Status: Single Divorced Married Widow/Widower

Who lives with you?__________________________________

Current Occupation/Employer__________________________________

What kind of work?__________________________________

Do you smoke?_________ How many packs a day?__ For how many years?__________________

Do you drink alcohol?_____________ How many drinks? ______ per day _____ per week _____per month

Are you sexually active?_________________________ Do you use illicit drugs?__________ If yes, what kind?______________________

5. What is the Health Status of Your Family?

Mother:_______________________________________ Father:____

Brothers/Sisters:____

Family Illnesses:

History of Heart Disease (heart attack, heart failure) ❒ yes ❒ no

History of strokes? ❒ yes ❒ no

History of high blood pressure? ❒ yes ❒ no

History of diabetes? ❒ yes ❒ no

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

Abnormal or Positive Findings:

2. Eyes:
- * 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 programs ❒ 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 = 1-5 bullets, 99202 = 6 bullets, 99203 = 12 bullets, 99205/99204 = All bullets in every shaded section, 1 bullet in each unshaded section)

IMPRESSION

PLAN