**General Information**

**Chief Complaint/Reason for Visit**

Age _______ Gender ______

**Diagnosis**

Allergies ____________________________

**Meds**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason/Diagnosis</th>
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**HPI,** Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs and Symptoms

**ROS,** and **PFSH**

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<tr>
<th>Const</th>
<th>Card</th>
<th>GI</th>
<th>Integ</th>
<th>Endo</th>
<th>Other</th>
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**Past Medical History (or Since Last Visit)**

Illness, Injury, Surgery □ Yes □ No

Last Menstrual Period ________

Seen any health care providers □ Yes □ No

Menopausal Status__________

Had any: □ X-ray □ Lab □ Other Procedures

Hospitalization □ Yes □ No

**Family/Social History**

Change in family history □ Yes □ No

Change in social history □ Yes □ No

**Comments**

Pertinent info. from someone other than patient:

**General Multi-System Exam**

**Constitutional:** Height: □ No Acute Distress □ Acute Ill □ Cushingoid □

**Eyes:** Scleral Injection □ PERRLA □ EOMS Normal □ Funduscopic Exam WNL □ ND □ Abn:

**HENNT:** Head Temporal Arteries WNL □ Abn:

Ear Ext. WNL □ Abn: □ Ear Int. WNL □ Abn:

**CV.:** Heart Sounds WNL □ Gallop: □ Murmur: □ Friction Rub □ Rhythm WNL □ Abn:

**Respiratory:** Breath Sounds WNL □ Rales □ Rhonchi □ Wheezes □ Decreased □ Cough □

**Gastrointestinal:** WNL □ Obesity □ Scars: □ Tenderness □ Liver WNL □ Abn:

Splenomegaly □

**Integumentary (Skin/Breast):** WNL □ Clubbing □ Periungual erythema □ Nodules □ Tophi □ Discoid lesions □

Psoriasis □ Erythema □ Ecchymosis □ Petechiae □ Malar Rash □ Macular Rash □ Infarcts □

Telangiectasia □ Sclerodactyly □ Nail pit □ Onycholysis □ Digital ulcers □ Varicosities □

**Neurological:** Straight Leg WNL □ Abn □ Tinel’s Pos □ Neg □ Phalen’s Pos □ Neg □

Upper Extremity: □ DTRs WNL □ Abn □ Sensation WNL □ Abn □ Motor WNL □ Abn □

Lower Extremity: □ DTRs WNL □ Abn □ Sensation WNL □ Abn □ Motor WNL □ Abn □

**Psychiatric:** WNL □ Disoriented □ Anxious □ Crying □ Depressed □ Hostile □ Poor Memory □

**Endocrine:** Thyroid WNL □ Abn:

**Hem/Lymph:** WNL □ Pale □ Enlarged Lymph Nodes:

**Allergic/Immunologic:** WNL □ Abn:

Physician Signature ___________________________________________ Date ____________________