PATIENT ENCOUNTER NOTES

ROOM: ____	AGE: _____	SEX: _____	CC: _____

HPI ↓	SUMMARY ↓
O: _____	_____
L: _____	_____
D: _____	_____
C: _____	_____
A: _____	_____
R: _____	_____
T: _____	_____
S: _____	_____

PMH: _____

MEDS: _____

ALLERGIES: _____ | OCCUPATION: _____

ALCOHOL: _____ | TOBACCO: _____ | DRUG USE: _____

HOW OFTEN / HOW MUCH: _____

ROS ↓

- ☐ WEAKNESS / FATIGUE
- ☐ FEVER
- ☐ HEADACHE
- ☐ BODY ACHES
- ☐ CHILLS
- ☐ CHEST PAIN
- ☐ SHORTNESS OF BREATH
- ☐ CONSTIPATION
- ☐ CHANGE IN BLADDER HABITS
- ☐ HEMATURIA
- ☐ BACK PAIN
- ☐ DYSURIA
- ☐ CHANGE IN BOWEL HABITS
- ☐ BLOOD IN THE STOOL
- ☐ WEIGHT CHANGES
- ☐ LOSS OF APPETITE
- ☐ COUGH
- ☐ RUNNY NOSE
- ☐ RASH
- ☐ SWELLING
- ☐ VISION CHANGES
- ☐ JOINT PAIN

PHYSICAL EXAM FINDINGS ↓

DIAGNOSTICS ↓

- ☐ EKG
- ☐ CXR
- ☐ CBC
- ☐ CMP
- ☐ CMP + MAGNESIUM & PHOSPHATE
- ☐ BMP
- ☐ UA
- ☐ HCG
- ☐ CT _____
- ☐ TROPONIN
- ☐ LIPASE
- ☐ D-DIMER
- ☐ ULTRASOUND
- ☐ LIVER FUNCTION
- ☐ BLOOD ALCOHOL
- ☐ TOX SCREEN
- ☐ ESR
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

DDX ↓

- ☐ _____
- ☐ _____
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- ☐ _____

PLAN ↓

- ☐ _____
- ☐ _____
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ENCOUNTER NOTES ↓

- ☐ _____
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