

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 ↓	PHYSICAL EXAM FINDINGS ↓
<input type="checkbox"/> WEAKNESS / FATIGUE	_____
<input type="checkbox"/> FEVER	_____
<input type="checkbox"/> HEADACHE	_____
<input type="checkbox"/> BODY ACHES	_____
<input type="checkbox"/> CHILLS	_____
<input type="checkbox"/> CHEST PAIN	_____
<input type="checkbox"/> SHORTNESS OF BREATH	_____
<input type="checkbox"/> CONSTIPATION	_____
<input type="checkbox"/> CHANGE IN BLADDER HABITS	_____
<input type="checkbox"/> HEMATURIA	_____
<input type="checkbox"/> BACK PAIN	_____
<input type="checkbox"/> DYSURIA	_____
<input type="checkbox"/> CHANGE IN BOWEL HABITS	_____
<input type="checkbox"/> BLOOD IN THE STOOL	_____
<input type="checkbox"/> WEIGHT CHANGES	_____
<input type="checkbox"/> LOSS OF APPETITE	_____
<input type="checkbox"/> COUGH	_____
<input type="checkbox"/> RUNNY NOSE	_____
<input type="checkbox"/> RASH	_____
<input type="checkbox"/> SWELLING	_____
<input type="checkbox"/> VISION CHANGES	_____
<input type="checkbox"/> JOINT PAIN	_____

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 ↓

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

PLAN ↓

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

ENCOUNTER NOTES ↓

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____