

FAMILY MEDICINE CENTER

PATIENT NAME:

D.O.B.

PROGRESS NOTE

DATE:

HPI: Location, quality, severity, duration, timing, context, modifying factors, assoc. symptoms.**PFSH:** See appropriate patient data sheet – Reviewed if checked.

- Problem List Medication List
 Family Hx List Allergy List
 Social Hx Updated (/ /)

EXAM: BP _____ TEMP _____ PULSE _____
HT _____ WT _____ RESP _____

Constitutional: 3 vitals. A&Ox's 3, WDWN in NAD.
 Skin: Nml warmth, color, pigmentation. Free of scars, and abnormal lesions. Palpation Nml. Turgor, texture, hair and nails, Nml.

Eye: Conjunctiva & lids Nml. Perra, EOMI. Fundi – Nml.
 ENT: Ext. Ears & Nose Nml. EAC' s & TM's intact & Nml. Hearing grossly Nml. Nasal mucosa, septum & turbinates Nml. Lips, teeth & gums Nml. Oropharnx Nml.

Neck: Supple. No thyromegaly.
 Resp: Nml effort. Percussion Nml. Palpation Nml. Clear to auscultation without wheezes or ronchi.

CV: Nml size & PMI. Regular rate and rhythm. Nml S1&S2. No murmurs, rubs, or gallops. Carotids, femorals, and pedal pulses palpable and equal bilaterally. No LE edema. Abdominal Aorta Nml. No JVD or bruits.

Chest: Inspection Nml. Palpation breasts & axillae Nml.
 GI: Nml BS, No masses, tenderness, distension. No masses, Hepato/splenomegaly. No hernia. Anus, perineum & rectum without masses, tenderness – Nml tone. Guiac negative.

GU: Male: Testicles without tenderness, masses. Penis Nml. Prostate firm without tenderness, masses, or nodules.

-- **Female:** Vulva & introitus Nml. Urethra Nml. Bladder Nml. Cervix without lesions, tenderness, inflammation, or D/C. Uterus normal size, without masses or tenderness. Adnexa without masses or tenderness.

Lymph: Lymph nodes in two or more areas are nontender without adenopathy: Neck, Axillae, Groin, Other.

Neuro: Cranial nerves 2-12 WNL. Reflexes WNL. Sensation.

Psych: Judgment & insight. Oriented to time, place & person. Memory. Mood & affect.

Musc: Gait & station. Digits & nails. Joint(s), bone(s), muscle(s) of at least one area: 1) head, neck; 2) spine, ribs, pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; 6) left lower extremity, with exam including: Inspection &/or palpation Nml. FROM. Stable. Nml strength & tone.

CHIEF COMPLAINT: Data sheet updated**ASSESSMENT & PLAN:****REVIEW OF SYSTEMS:** (circle positives, cross negatives, leave those not asked)**Constitutional:** Fevers, chills, night sweats, appetite loss, fatigue, weight loss/gain**Eyes:** Blurred vision, visual loss, dry eyes, pain, injection, discharge**ENT/mouth:** Nasal/sinus congestion, rhinorrhea, sore throat, PND, ear pain/drainage, tinnitus, dental pain, oral lesions, neck stiff**CV:** Chest pain, palpitations, lower extremity edema, orthopnea, PND, orthostasis**Resp:** SOB, productive/nonproductive cough, wheezes, sputum, DOE**GI:** Nausea, vomiting, diarrhea, constipation, melena, hematochezia, hematemesis, pain with defecation, indigestion, jaundice, dyspepsia, GE reflux**GU: Male:** Dysuria, urgency, frequency, hematuria, flank pain, discharge, testicular pain**Female:** Dysuria, urgency, frequency, hematuria, flank pain, discharge, itching, odor, dysparunia, irregular menses**Musc:** Weakness, myalgia, arthralgia, tremor**Skin/Breasts:** Rashes, bruising, blisters, itching, dryness, hair loss/change, nipple discharge, urticaria, puritis**Neuro:** Parasthesia, loss sensation, vertigo, dizzy, imbalance, fainting, headaches, memory loss**Psych:** Depression, tearful, SI, HI, A/V hallucinations, insomnia, anxiety **"All others negative"** (all systems not listed were covered, negative, not pertinent)**Health Maintenance:** Education Material Given

Follow up _____, or sooner PRN for worsening symptoms, concerns or further problems.

_____, M.D.

CODE:

CHARGES:

Duration of time with patient _____ min.